**Art Class Proposal**

Offered through the Shaker Heights Recreation Department

Application Date:      /     /

Proposed Program Start Date:      /     /

The Shaker Arts Council (SHAC) appreciates your proposal for courses to be offered to the residents of Shaker Heights through the Recreation Department.

**Contractor/Instructor Contact Information:**

 First Name Middle Initial Last Name

Name of Business or Corporation, if any

Address:

 Street City State Zip

Phone:(     )     -      Cell Phone: (     )     -

Email Address:

Web Address:

**Course Proposal Information:**

Program Name:

Target Audience: *(Check all that apply.)*

[ ]  Adults [ ]  Senior Adults [ ]  Teens [ ]  Youth [ ]  Preschool [ ]  All Ages

Program Description: *(Limit to 50 words; describe the course as you wish to see it in the catalog)*

Program Objectives:

*By the end of the program the participants will be able to:*

1.
2.
3.

Materials supplied by Instructor

*Provide a detailed list of materials you will be providing for the instruction of the program.*

Supplies and Equipment Required by Students:

*Provide a detailed list of materials the student will be required to have for this program.*

Audio/Visual/Other Equipment Needs:

**Registration Information**

What is the proposed length of this program?

[ ]  One Time [ ]  One Week [ ]  4 Weeks [ ]  6 Weeks [ ]  8 Weeks [ ]  10 Weeks [ ]  12 Weeks [ ]  Other

What is the frequency of this program?

[ ]  Once per week [ ]  Twice per week [ ]  Three times per week [ ]  Other

Proposed Program Schedule

Day of Week (Please check all that apply.)

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday

Proposed Start Time:     :      am/pm Proposed End Time:     :      am/pm

This course is proposed to meet during:

[ ]  Fall Session (9/10/17 – 11/12/17)

[ ]  Winter Session (1/14/19 – 3/18/19)

[ ]  Spring Session (4/8/19 – 5/27/19)

Proposed Course Dates:

Are there any dates that you are unavailable to instruct the program? [ ]  Yes [ ]  No

If yes, what are the no class dates under the Proposed Registration Section mentioned above?

**Class size**:

Target Number of Registrants:            Minimum Number:       Maximum Number:

**Instructor Fees:**

Please choose one of the following

1. Proposed Instructor Fee: $     .     /hour *(most fees are between $8.00 and $12.00/hour)*
2. Fee for student materials provided by instructor: $     .

**Instructor Qualifications:**

(If there are co-instructors, please fill out this page twice)

**Brief Biography:** *(Limit to 50 words, as you wish to see it in the catalog)*

**Experience:**

Relevant Education/Training/Certification

1. Education/ training /certification, including date:

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1. Education/ training /certification, including date:

Teaching Experiences relevant to this course

1. List Experience, including date

1. List Experience, including date

1. List Experience, including date

Have you taught this program before? [ ]  Yes [ ]  No

If yes, please list the locations and the years taught.

**References**

Provide the names of two individuals who can vouch for your qualifications:

1. Reference:

 First Name Middle Initial Last Name

Phone: (     )     -

Cell Phone: (     )     -

Email:

Relationship:

2. Reference:

 First Name Middle Initial Last Name

Phone: (     )     -

Cell Phone: (     )     -

Email:

Relationship:

By signing below, I confirm that the information above is correct to the best of my knowledge, and I will provide the services described in this proposal as described herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_