PMB 232, 16781 Chagrin Blvd., Shaker Heights, Ohio 44120
info@shakerartscouncil.org www.ShakerArtsCouncil.org 216-916-9360

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:
☐ Spring Session (4/9/18 – 5/28/18)

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:

   _____
2. Education/ training /certification, including date:

   _____
3. Education/ training /certification, including date:

   _____

Teaching Experiences relevant to this course

1. List Experience, including date

   _____
2. List Experience, including date

   _____
3. 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: _____