

PMB 232, 16781 Chagrin Blvd., Shaker Heights, Ohio 44120

info@shakerartscouncil.org [www.ShakerArtsCouncil.org](http://www.ShakerArtsCouncil.org/) 216-916-9360

**Art Class Proposal**

***Stay -in-Place Productions***

**Entries will be reviewed upon receipt. Deadline: August 28, 2020**

**Submit by Email:** info@shakerartscouncil.org

*Classes will be scheduled during September and October 2020*

One application per class proposal

Application Date: / /

Dates/Times in late September or October you cannot teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contractor/Instructor Contact Information:

First Name Middle Initial Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Phone:( ) - Cell Phone: ( ) -

Email Address: Web Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Course Proposal Information:

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Length of Course: Hours per session - \_\_\_\_\_\_\_\_\_\_\_ Number of sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Audience: *(Check all that apply)*

Adults Teens Youth Preschool All Ages

Program Description:

*(Limit to 50 words; describe the course as you wish to see it in the promotional material)*

 Required Supplies:

## Class size:

Target Number of Registrants: Minimum Number: Maximum Number:

## Course Fees: \_\_\_\_\_\_\_\_ The fee is $10/1 or 1.5 hour class; $15/2 or 2.5 hour class and instructors will receive 60% of tuition collected from the course.

## Instructor Qualifications:

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

## Experience:

Relevant Education/Training/Certification

* 1. Education/ training /certification, including date:
	2. Education/ training /certification, including date:

Teaching Experiences relevant to this course

1. List Experience, including date
2. List Experience, including date

Have you taught this program before? Yes No

If yes, please list the locations and the years taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Reference

Provide the names of one individual who can vouch for your qualifications:

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