



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

## Art Class Proposal – General Application

### Stay -in-Place Productions

Entries will be reviewed upon receipt. Deadline: November 20, 2020

Submit by Email: [info@shakerartscouncil.org](mailto:info@shakerartscouncil.org)

Classes will be scheduled during January 17 – March 20 and March 21 - May 30, 2021

One application per class proposal

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Winter (January 17 – March 20) \_\_\_\_ Spring (March 21 – May 30) \_\_\_\_ Both \_\_\_\_

Dates/Times in Winter and Spring 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:

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**Class size:**

Target Number of Registrants: \_\_\_\_\_ Minimum Number: \_\_\_\_\_ Maximum Number: \_\_\_\_\_

**Course Fees:** \_\_\_\_\_ **The fee is \$10/1 - 1.5 hour class; \$15/2 - 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)*

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**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