



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

Art Class Proposal: K – 12 Mini Sessions Application *Stay -in-Place Productions*

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

Submit by Email: info@shakerartscouncil.org

Classes will be scheduled December 21-23 and 28-30, 2020 and/or February 15 and 16, 2021

One application per class proposal

Application Date: ____ / ____ / ____

December 21-23 and 28-30 ____ February 15-16 ____ Both ____

Dates/Times in December and February 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)

Teens Youth Specific age range, if appropriate: _____

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 - 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)*

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
() - Cell Phone: () -

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