



Chewelah Arts Guild

PO Box 1437, Chewelah, WA 99109

[www.chewelahartsguild.org](http://www.chewelahartsguild.org)

Filled out by Classroom  
Teacher with Artist  
Instructor and Submitted  
by Teacher

Program Coordinators: Gail Churape, [gail.churape@gmail.com](mailto:gail.churape@gmail.com) 509.936.0076

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## ARTS IN SCHOOLS PROGRAM

### **Project Application**

Artist Instructor

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Proposed Project:

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

Age Group(s): \_\_\_\_\_

Number of hours worked in the school:(\$40 p/hr) \_\_\_\_\_

1 Hour for Travel/Prep time \_\_\_\_\_ \$40 \_\_\_\_\_

\$ for materials requested: \_\_\_\_\_

Total Funds requested: \_\_\_\_\_

Check will be made out to the Artist at the completion of the classes.

Artist Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Classroom Teacher Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_