Chewelah Arts Guild
PO Box 1437, Chewelah, WA
99109
www.chewelahartsguild.org

To be filled out with the Artist and Teacher and submitted by the Teacher, via email.

Program Coordinators: Gail Churape, gail.churape@gmail.com 509.936.0076,

Susanne Griepp, sgriepp65@gmail.com 509.640.0176

ARTS IN SCHOOLS PROGRAM PROJECT PROPOSAL

Artist Instructor Name:_____Phone#_____

Email:_____

School: _____

School Contact: _____Phone#_____

Proposed Project:

_____

_____

Age Group(s):_____

Number class room hours:($40 p/hr) _____

1Hour for Travel/Prep time $40.00

$ for materials _____

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:_____

We would love to take pictures during the class to use on our website, news articles, or other promotional materials. Please let us know if that is ok, and alert us if there are students whose pictures can not be used.

_____