



**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 Griep, sgriep65@gmail.com 509.640.0176

**ARTS IN SCHOOLS PROGRAM PROJECT PROPOSAL**

**Artist Instructor Name** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Email** \_\_\_\_\_  
**School** \_\_\_\_\_  
**School Contact** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **email** \_\_\_\_\_

**Proposed Project:**

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

Age Group(s): \_\_\_\_\_ number of students \_\_\_\_\_

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.

Date: \_\_\_\_\_

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

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.**

