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| --- | --- |
| **Date:** |  |
| **Name:**  |  |
| **Mailing Address:**  |  |
| **Email:**  |  |
| **Phone #:**  |  |
|  |
| **Briefly describe your art interest (visual, music, dance, poetry/prose, etc):** |  |
|  |
|  |
| **What Educational experience/workshop are you applying for?** |
| **Title:** |  | **Location**: |  |
| **Describe:**  |  |
| **Dates**: |  | **Total Cost**: | $ | **Amount you are requesting**: | $ |
|  |
| **Relevance to your art and how you hope to benefit:** |  |
|  |
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|  |
| **Please email completed application to:** **cablehaywardaarts@yahoo.com****or mail to: CHARAC, P.O. Box 182, Cable, WI 54821** |
|  |

**Important: If approved, you will be asked to report back to the CHARAC board on your experience within 60 days after the event. This is expected to be a brief description of the benefits to you and you art gained by attend the event. Reports may be emailed to** **cablehaywardarts@yahoo.com** **or mailed to the address above.**