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| **Date:** | |  | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | |
| **Mailing Address:** | | | | | |  | | | | | | | | |
| **Email:** | | |  | | | | | | | | | | | |
| **Phone #:** | | | | |  | | | | | | | | | |
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| **Briefly describe your art interest (visual, music, dance, poetry/prose, etc.):** | | | | | | | | | | | | |  | |
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| **What Educational experience/workshop are you applying for?** | | | | | | | | | | | | | | |
| **Title:** |  | | | | | | | | **Location**: | | |  | | |
| **Describe:** | | | |  | | | | | | | | | | |
| **Dates**: | |  | | | | | **Total Cost**: | $ | | | **Amount you are requesting**: | | | $ |
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| **Relevance to your art and how you hope to benefit:** | | | | | | | | | |  | | | | |
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| **Please email completed application to:** [**cablehaywardaarts@yahoo.com**](mailto:cablehaywardaarts@yahoo.com)  **or mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843** | | | | | | | | | | | | | | |
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**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**](mailto:cablehaywardarts@yahoo.com) **or mailed to the address above.**