

GRANT INFORMATION

YOUNG AND EMERGING ARTIST GRANT

Please refer to the Young and Emerging Artist Grant guidelines before completing this document. Guidelines are available for download from the RedArts website: www.redarts.org.au

Application must be typed, printed and signed. Parent/Guardian must sign if Applicant is under 18.

Please provide the original and five copies of the application and make sure they are NOT stapled or bound. Please secure with a paperclip or bulldog clip only.

Please provide two support letters/references from people familiar with your arts practice.

Please post to RedArts; PO Box 861 Cleveland, QLD 4163 by 31st December 2016.

SECTION 1: PERSONAL AND CONTACT DETAILS

Section 1.1: APPLICANT DETAILS							
Given Names:							
Family Name:							
Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>			
Do you have Australian citizenship or permanent residency status?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>			
Do you reside in Redland City, QLD?	?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Date of Birth:							
	D	D	M	M	Y	Y	Y
Age as of 31st December 2016:	<input style="width: 40px; height: 20px;" type="text"/>		Are you under 18? ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
If under 18 as of 31st December 2016 please go to Section 1.2.							
If over 18 as of 31st December 2016 please go to Section 1.3.							

Section 1.2: PARENT OR GUARDIAN DETAILS

Given Names:	<input type="text"/>		
Family Name:	<input type="text"/>		
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Relationship to applicant:	<input type="text"/>		
Parent or Guardian Phone:	<input type="text"/>		
Parent or Guardian Email Address:	<input type="text"/>		

Section 1.3: APPLICANT CONTACT DETAILS

Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>		
State:	<input type="text"/>	Postcode:	<input type="text"/>
POSTAL ADDRESS (if different to Street Address)			
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>		
State:	<input type="text"/>	Postcode:	<input type="text"/>
Home Phone:	<input type="text"/>		
Mobile Phone:	<input type="text"/>		
Email Address:	<input type="text"/>		
Website:	<input type="text"/>		

Section 1.4: ARTFORM

What is the main artform category of your project? Please select one only.

- Visual Arts, Craft, Design Dance Music Theatre
- Writing Film New Media Community Arts

Section 1.5: PREVIOUS TRAINING AND EXPERIENCE

Please briefly outline previous training and experience in your artform:

SECTION 2: PROJECT DETAILS

Section 2.2: PROJECT TIMELINES	
Project start date:	
Project completion date:	

Section 2.3: PROJECT TYPE	
<input type="checkbox"/> Course/Workshop <input type="checkbox"/> Residency/Exchange <input type="checkbox"/> Mentoring Program <input type="checkbox"/> Arts Project	
If you have ticked Arts Project please go to Section 2.5.	
If you have ticked Course/Workshop go to Section 2.4.	
If you ticked Residency/Exchange or Mentoring Program please go to Section 2.5.	

Section 2.4: DETAILS OF COURSE/WORKSHOP	
Name of Course/Workshop:	
Provider Organisation:	
Provider Location:	
Duration of Course/Workshop:	
Course/Workshop Cost:	

Section 2.5: DETAILS OF RESIDENCY/EXCHANGE OR MENTORING PROGRAM	
Name of Residency/Exchange or Mentoring Organisation:	
Contact Details of Residency/Exchange or Mentoring Organisation:	
Duration of Program:	

Section 2.5: PROJECT OVERVIEW

2.5a: Please provide a description of the project:

Section 2.5: PROJECT OVERVIEW (Continued)

2.5b: Describe the aims and objectives of the project:

2.5c: Outline your future goals as a practicing artist:

Section 2.5: PROJECT OVERVIEW (Continued)

2.5d: Describe how the activity undertaken will contribute towards your goals:

2.5e: Describe how the activity undertaken will have a flow on benefit to the Redlands arts community:

Section 4: REFEREES

Please provide details of the two referees who have provided Support Letters.

Name:	
Relationship to Applicant:	
Phone Number:	
Email Address:	
Name:	
Relationship to Applicant:	
Phone Number:	
Email Address:	

Signature of Applicant: (Can type 'signed by me' then full name)	Date:

Signature of Parent/Guardian (If Applicant is under 18): (Can type 'signed by me' then full name)	Date:

REDARTS USE ONLY. PLEASE DO NOT COMPLETE

Application received by closing date:	Y <input type="checkbox"/> N <input type="checkbox"/>
Original and five copies of grant provided:	Y <input type="checkbox"/> N <input type="checkbox"/>
Grant application signed & dated:	Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/guardian signed & dated:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Application fully completed:	Y <input type="checkbox"/> N <input type="checkbox"/>
Budget completed:	Y <input type="checkbox"/> N <input type="checkbox"/>
Two references/support letters provided:	Y <input type="checkbox"/> N <input type="checkbox"/>
Applicant over 15/under 25 as at 31 st December 2016:	Y <input type="checkbox"/> N <input type="checkbox"/>
Applicant notified of results:	Y <input type="checkbox"/> N <input type="checkbox"/>
Applicant eligible for grant:	Eligible <input type="checkbox"/> Not eligible <input type="checkbox"/>