

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 **30th November 2017**.

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 2017 please go to Section 1.2. | | | | | | | |
| If over 18 as of 31st December 2017 please go to Section 1.3. | | | | | | | |

Section 1.2: PARENT OR GUARDIAN DETAILS

Given Names:

Family Name:

Gender:

M

F

Relationship to applicant:

Parent or Guardian
Phone:

Parent or Guardian
Email Address:

Section 1.3: APPLICANT CONTACT DETAILS

Street Address:

Suburb:

State:

Postcode:

POSTAL ADDRESS (if different to Street Address)

Postal Address:

Suburb:

State:

Postcode:

Home Phone:

Mobile Phone:

Email Address:

Website:

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 3: PROJECT BUDGET | |
|------------------------------------------------------------------------------------------------|-------------|
| EXPENSES (Costs of the project) | COST |
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| | |
| | |
| TOTAL | \$ |
| INCOME (Sponsorship, other grants, personal income that will be put toward the project) | COST |
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| | |
| TOTAL | \$ |
| TOTAL MONIES YOU ARE REQUESTING FROM REDARTS | \$ |

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"/> |