

## 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](http://www.redarts.org.au)

Application **MUST BE DOWNLOADED** and **SAVED** to your computer before beginning to complete.

Application must be typed, printed, signed and posted **OR** can be completed electronically by completing and emailing the document.

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

Parent/Guardian **must** sign if Applicant is under 18.

If posting, 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 post to RedArts; PO Box 861 Cleveland, QLD 4163 OR  
email to [admin@redarts.org.au](mailto:admin@redarts.org.au) by 31<sup>st</sup> December 2018.**

### SECTION 1: PERSONAL AND CONTACT DETAILS

#### Section 1.1: APPLICANT DETAILS

Given Names:

Family Name:

Gender:

M  F

Do you have Australian citizenship or permanent residency status?

Y  N

Do you reside in Redland City, QLD?

? Y  N

Date of Birth:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

Age as of 31st December 2016:

Are you under 18? ?

Y  N

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:

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

Course/Workshop  Residency/Exchange  Mentoring Program  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 how the activity undertaken will contribute towards your goals:**



### Section 4: REFEREES

Please provide details of the two referees who have provided Support Letters and email or post the support letters to RedArts.

|                                   |  |
|-----------------------------------|--|
| <b>Name:</b>                      |  |
| <b>Relationship to Applicant:</b> |  |
| <b>Phone Number:</b>              |  |
| <b>Email Address:</b>             |  |

|                                   |  |
|-----------------------------------|--|
| <b>Name:</b>                      |  |
| <b>Relationship to Applicant:</b> |  |
| <b>Phone Number:</b>              |  |
| <b>Email Address:</b>             |  |

|  |              |
|--|--------------|
| <b>Signature of Applicant: (or if emailing input SIGNED BY ME &amp; your name)</b> | <b>Date:</b> |
|  |              |

|   |              |
|---|--------------|
| <b>Signature of Parent/Guardian (If Applicant is under 18):<br/>(or if emailing input SIGNED BY ME &amp; your name)</b> | <b>Date:</b> |
|   |              |

### 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 <sup>st</sup> December 2016: | Y <input type="checkbox"/> N <input type="checkbox"/>                                 |
| Applicant notified of results:                                   | Y <input type="checkbox"/> N <input type="checkbox"/>                                 |
| <b>Applicant eligible for grant:</b>                             | <b>Eligible</b> <input type="checkbox"/> <b>Not eligible</b> <input type="checkbox"/> |