

FESTIVAL OF LIGHT

STUDENT APPLICATION

Date: _____

Requestor's Name: _____

Parent or Guardian Name: _____

Contact Information: (Phone, Address, e-mail) _____

Program, Event, or Project Proposed. Please describe proposed project with as much detail as possible. We would like to know:

1. What Art Form the Child wishes to learn? Do you have an instructor in mind?
2. Have you had any prior experience in this Art Form? If requesting to learn a musical instrument, do you have any experience playing other instruments? Who was your teacher?
3. If a Group Project, how many children of what ages?
4. How many lessons are you requesting? (Typically, we will offer 5 lessons to a student, then evaluate progress and level of interest before continuing.)
5. When and where will the lessons take place?
6. Is this request generated by the parent who wishes for the child to have this experience, or is the request that of the child who wishes to experience this form of art?

Upon determination about this application, the Arts Council will notify you. If we all agree to go forward, we will request that you sign a "Release of Liability" and "Terms of Agreement".

**Email Application to TCAC; art@trinitycountyarts.com or
Mail: TCAC P.O. Box 1887/Weaverville, CA/96093**