



Regional Artist Project Grants 2019-2020

Application for Henderson, Polk and Transylvania Counties

Please submit four copies of this application and printed materials/attachments;
and two copies of your work on CD, DVD, or flash drive.

Application is due on Friday, August 16, 2019 at 5:00 p.m.

Mail to: Arts Council of Henderson County

P.O. Box 767, Hendersonville NC 28793

Or drop off at 2700A Greenville Hwy., Flat Rock NC 28731

828-693-8504 acofhc@bellsouth.net

1. Applicant – Required information

Name _____

Address _____

City _____ Zip _____ County _____

Phone _____ Cell Phone _____

Email _____

How long have you lived in your present county? _____

2. Grant amount requested (not to exceed \$1,000 for RAPG) _____

3. Beginning Date _____ Completion Date _____

Please attach narrative answers for the following:

4. Explain, briefly, how as a professional artist, you are working to further your development.

5. Briefly describe your career goals.

6. Describe your proposed project.

How will it affect your future plans and goals?

Be specific and to the point of your project. Specify your future goals in regard to this project. What timeline do you have? Even though your final report on this project, should you be funded, is due at the end of May 2019, you may work on your project for the remainder of the year and send a final update to the Arts Council upon completion.

7. Itemize your projected expenses.
8. Describe any grants previously received.
9. Attach a resumé to include education, employment, artistic experience, publications, commissions, honors and other biographical data.
10. Attach one letter of recommendation from a person with qualifications in the arts who knows your work well and would support your application.
11. Include samples of your work – digital/audio files on CD, DVD, or flash drive, and any supporting materials that may help the review panel in their deliberations.
12. Certification: The information contained in this application, including all supporting materials, is true and accurate to the best of my knowledge. I agree to participate in the project evaluation and project summary process.

Signature _____ Date _____

- I am not a board/staff member (or a spouse, family member, or significant other of a board or staff member) of any of the sponsoring entities.
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- I would like to be considered for the Betty Taylor Memorial Fund Award.

Betty Taylor Memorial Fund Award guidelines:

- Candidate must be an “emerging artist”: Juried in shows less than ten years, or out of the loop more than three years, and now returning with acceptance in at least two juried shows.
- Must demonstrate need for support.
- Currently engaged or accepted in a mentored/supervised formal study of visual arts and crafts.
- Must participate in Henderson County community of art with preference given to artists residing/studios in Henderson County.
- Must demonstrate willingness to mentor and assist with cultivation of other emerging artists.

Additional narrative may be attached for consideration/evaluation for the Taylor Award.

Certification: The information contained in this application, including all supporting materials, is true and accurate to the best of my knowledge. I agree to participate in the project evaluation and project summary process.

Signature _____ Date _____

- I am not a board/staff member (or a spouse, family member, or significant other of a board or staff member) of any of the sponsoring entities.