

ARTSPARKS APPLICATION

Today's Date:				
	student or minimum of \$100 if group is fewer than 8 udent or minimum of \$200 if group is fewer than 8			
Art Form Requested: ☐ visual art ☐ music ☐ m	ovement drama creative writing			
Submitted by (Agency/School):				
Address:				
City:	Zip Code:			
Contact Person:Name and Title	Signature			
Email:	Phone:			
Administrator:				
Name and Title	Signature			

Submit completed applications to:

VSA Wisconsin 1709 Aberg Ave., Suite 1 Madison, WI 53704

Phone: 608-241-7583; Fax: 608-241-1982 Email: <u>vsawisO vsawis.org</u>

1. Indicate the time of year, day of week program.	c and times	of day that will work best for a V	SA	
2. Identify the goals you wish to achieve through the program. What do you hope will change for participants and staff as a result of a VSA ArtSpark? Please be specific.				
Program Demographics Please include only participants who will have direct contact with the artist during the program when answering the following questions. Estimate the age and number of individuals that will participate in this program.				
Number of participants with disabilities: Include participants who have a disability, an IEP or are in the referral process, and/or who receive speech & language services		List the disabilities:	Ages:	
Number of participants who qualify for/receive additional supports or services: Do <u>not</u> include participants already listed above. Include participants who have chronic health issues, and/or with physical, social, emotional, cognitive or behavioral delays/challenges		List the circumstances:	Ages:	
Number of participants without disabilities:				
Total number of participants:				