

# The Art Village Art Supply Grant Application

Teacher's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Grade levels you teach: \_\_\_\_\_ Total number of students you teach: \_\_\_\_\_

Name of School: \_\_\_\_\_ School District: \_\_\_\_\_

County: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

*Please provide the following information:*

1. Briefly describe the art program at your school.

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2. Outline the budget you are given for your classes and art resources at your disposal at your school.

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3. Describe any art-program needs that are unmet by your school and how The Art Village Supply Grant will help you meet those needs for your art classes.

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