



***Student Artistic Enrichment Fund***

Application Instructions:

1. Open application form file.
  - a. If you open in Word, you can type in your answers.
  - b. If you open in PDF you will need to write in your answers, legibly, with BLUE OR BLACK ink. Legible means that someone else can read the answer.
2. Complete the application form. If you are using Word, remember to save the document with SAEF application as part of the title.
3. Print a copy so you can review.
4. **Review and make your changes on the hard copy you have printed.**
5. Go back in to the application form.
6. If you need to, revise the application form.
7. PRINT 2 HARD COPIES: one for your records, one for signatures.
8. Take one of the hard copies and get all the required signatures.
9. Place all application forms in the proper envelope.
10. Submit to the NESAs office NO LATER than 4 PM on Tuesday, December 1.

Questions: please contact Pam Kittrell at <a href="mailto:pamkittrell@yahoo.com">pamkittrell@yahoo.com</a>
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## ***Student Artistic Enrichment Fund***

### **SAEF Application Check List**

- Application information sheet
  - Have you included these things?
    - Demographics
      - Name
      - Address-including Zip Code
      - phone number-including Area Code
      - email-yours and your parents/guardian
    - Signatures
      - Student
      - Parent
      - NESA Department Rep
      - NESA Program Director (Dr. York)
  - Legible (can someone else read it?)
  - In Pen (Black or Blue) or Typed
- Application for Funding
  - Have you included these things?
    - Major
    - Class of
    - Dates of event
    - TOTAL Cost of the event—should be somewhere on the brochure
    - Amount of money your applying for
    - All questions answered
  - Legible (can someone else read it?)
  - In Pen (Black or Blue) or Typed
- Brochure
- Teacher Recommendation attached (not mandatory)



NESA pARTners

Student Artistic Enrichment Fund

## ***Applicant Information***

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ City, St Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E- Mail: \_\_\_\_\_ Class of: \_\_\_\_\_

Amount Applied for: \_\_\_\_\_ Event: \_\_\_\_\_

### **Policies Regarding Student Artistic Enrichment Funds:**

1. Award checks will be sent directly to the event or vendor on the student's behalf. Reimbursement checks to parents can be issued only if receipts are provided.
2. No more than \$500.00 may be awarded to any one student during the course of a school year.
3. Awards are determined through a "blind" evaluation of applications and are subject to the available funds in the Student Artistic Enrichment Fund. There is no guarantee that funds will be awarded to all applicants.
4. Deadline for application for the December-May SAEF awards will be December 1, 2009. All other applications (i.e. "emergency" applications) will be evaluated on a case-by-case basis and awards are subject to available funds.
5. All monies awarded by the SAEF Committee will be used strictly for the specified event. All unused funds will be returned to NESAs pARTners in a timely manner. Failure to do so will result in disciplinary action and possible legal action.

I attest that this applicant is a NESAs student in good standing and that the specified event will provide artistic enrichment in the student's major.

\_\_\_\_\_  
(NESAs Department Representative signature)

\_\_\_\_\_  
(NESAs Program Director signature)

I attest that all information on the attached Application is true. I agree to abide by all policies that pertain to the fund.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Parent signature)

**Student Artistic Enrichment Fund committee**

Assigned # \_\_\_\_\_



## ***Application for Funding***

NESA Major:                      Class of:

Describe the event you wish to attend:

***\* REQUIRED\* Please attach to this application a brochure, pamphlet, syllabus, blank registration form or other documentation which explains the event.***

Date(s) of event:

Total cost of the event *(may include travel & lodging expenses, but not meals)*:

Total amount of SAEF award that you're applying for:

**Respond to the following questions briefly and thoughtfully.**

**1. Why are you applying for a SAEF award? Why do you want to participate in this event and how will it benefit you in your NESA major?**

**2. What role will the arts play in your future?**

**3. What are you doing to develop your art outside the NESAs curriculum?**

**4. What are some of your other personal goals?**

**5. How are you actively giving back to the community and/or the arts? Describe your volunteer activities?**

**6. What honors and awards have you received in your major, outside your major, including prior SAEF awards?**

**To be filled in by pARTners Liaison to  
Student Artistic Enrichment Fund committee only**

Assigned # \_\_\_\_\_



**Student Artistic Enrichment Fund**

NESA Faculty Recommendation---Optional

**\*\* Confidential\*\***

Assigned # \_\_\_\_\_  
(to be filled in by SAEF Liaison)

***Note to NESA Faculty Member: Please do not use the applicant's name or gender anywhere on this form. Refer to applicant as "the student".***

I, \_\_\_\_\_, enthusiastically   
(NESA Faculty member) Moderately   
Reluctantly

Recommend this student for a financial award from the Student Artistic Enrichment Fund for the following reasons:

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\_\_\_\_\_  
NESa Faculty Member Signature

\_\_\_\_\_  
Date