



NORTHERN TIER PARTNERSHIP FOR ARTS IN EDUCATION

Artist-in-Residence Request Form

For Residencies scheduled to occur in the 2006-2007 school year



School/Organization: _____ District: _____

Mailing Address: _____ Administrator/Principal: _____

Residency Coordinator: _____ E-mail: _____

Business Phone: _____ Home Phone: _____ Fax: _____

Artist(s): _____ Art form(s): _____

Residency Dates: _____ Planning Session Date: _____

Grade/age level of Core Group(s): _____ Number of students in core group(s)

Residency Narrative

Please address the following:

- **Goal of Residency** - please state the purpose of your residency; what do you want the core group to accomplish as a result of this residency? What specific curricular areas will be targeted?

- **Staff Involvement** - please address educator/staff activities; how will the artist interact with teachers/staff to ensure that residency activities have a lasting impact on the host organization? (Suggestion: schedule an in-service workshop for educators/staff).

- **Non Core Group Activities** - Describe any activities that will involve non-core group students, parents and community members (consider assemblies, workshops, exhibitions, meet-and-greet events, etc.).

Artist -in-Residence Approved _____

NTPAIE AIE Director

Date