

FY2015 Application
Featured Artist Program
Application Deadline: June 15, 2014

This form must be typed; no handwritten applications will be accepted. Please refer to the guidelines.

<p>Applicant Info</p> <p>U.S. Congressional District _____</p> <p>KY Senate District _____</p> <p>KY House District _____</p> <p>To look up district info, use www.vote-smart.org or call your County Clerk's office.</p>	Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.				
	First Name		Last Name		
	Street Address				
	City		State	ZIP+4	County
	Daytime Phone #		Second Phone #		
	Email Address				
	Web Address				

<p>Adjudicated Programs</p> <p>Check all the boxes that apply for the programs in which you are an active participant or an award recipient.</p>	<p>List the program(s) in which you are a participant:</p> <p><input type="checkbox"/> AI Smith Fellowship Program <input type="checkbox"/> Architectural Artists Directory</p> <p><input type="checkbox"/> Kentucky Crafted Program <input type="checkbox"/> Performing Arts Directory</p> <p><input type="checkbox"/> Teaching Artists Directory</p>
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<p>Grantee Race/Ethnicity</p> <p>Check all boxes <input type="checkbox"/> that represent(s) your race/ethnicity. Select ALL that apply.</p>	<p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White</p>
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KAC staff use only:		
FY: 2015	APP #:	CLIST #:
App Status: _____	App Institution: _____	App Discipline: _____
Project Disc: _____	Activity: _____	Project Race: _____
AIE Percent: 99	AIE Description: 99	Project Descriptors: N/A
Grant Program: FEA	Grantee Race: _____	Date Received: _____

Application Checklist

Include this application checklist as the first page of your application package.

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following **mandatory material**. Carefully review the [guidelines](#) for instructions on completing your application.

Mandatory:

- One signed copy of the Featured Artist Program application form
- Printed copy of your narrative (maximum 500 words)
- A CD with your artwork image, artist image and electronic copy of your narrative

Request acknowledgement of receipt of your application and supporting materials:

- Provide an email address: _____

PLEASE NOTE: The arts council does not return work samples or supporting materials.

Applicant Signature

I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Mailing Address for Completed Application

Kentucky Arts Council
Capital Plaza Tower
500 Mero Street, 21st Floor
Frankfort, KY 40601

Applicant Name: _____
Featured Artist Application

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Refer to the [Guidelines](#) for detailed image specifications. The information supplied below should correspond with the image files on the CD. If you are selected as a featured artist, the images provided may be used in other Kentucky Arts Council promotional materials. CDs will not be returned.

Artwork Image

Title of work or description of image: _____

Medium or discipline: _____

Artist Image

Description: