

School Information

School Name:			
Street Address:			
City:	ZIP:	Parish:	
Type (public, private, parochial, etc.	.):		
Level (elementary, middle, high sch	nool):		
Principal's Name:	Main Phone Number:		
Average Number of Students/Class: Total Number of Students in School:			
Number and Type of Art Specialists	(Please indicate par	t or full-time):	
Average Budget for Art Supplies Pe	er Class/Student:		
Average Number of Minutes Per St	udent Per Week Spe	nt Teaching the Arts:	
Teacher/Administrator Info	ormation		
First Name:	Middle:	Last:	
Phone Number:	er: Email:		
Grade(s) Taught/Position:	Subject(s) Taught:		
Number of Years as a Teacher:	: Number of Years at School:		
How did you hear about George's A	Art Closet?		



Project Information

Please list the type and amount of art supplies currently available at your school:		
2. Briefly describe three lessons incorporating the visual arts (either arts integrated/infused or traditional) you anticipate completing with this award:		
3. Please tell us how the arts are currently impacting students at your school, and if not, how you hope to incorporate the arts into the school using these supplies:		



All applicants must sign below to be considered for art supplies.

I have read and understand the criteria for George's Art Closet, and I acknowledge that I fit all the stated criteria. I agree that the information included in this application is true and correct to the best of my knowledge. I authorize the George Rodirgue Foundation of the Arts (GRFA) to release this information to a selection committee for the purpose of award consideration. I further give permission for GRFA to release the name of the school, number of students, and value of award if I am a recipient based on this application.

Name (Please Print): _	
Signature:	Date:
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Submit Application by Mail or Email to:

George Rodrigue Foundation of the Arts 747 Magazine Street New Orleans, LA 70130

Email: christine@georgerodriguefoundation.org