



Hawai'i State Foundation on Culture & the Arts
 Artists in the Schools Program
 Partnership Grant Application Form
 2015-2016



SIGNATURE FORM

School Name: _____

Artistic Teaching Partner Statement of Support

I have worked with the school on this partnership application for an AITS grant. I approve of the final application, including Budget, and if the partnership receives an AITS grant, I will work with the school to provide the residency described in the application.

ATP's Signature **ATP Printed Name** **Date**

Additional Comments:

Lead Teacher Statement of Support

I have worked with the Artistic Teaching Partner on this partnership application for an AITS grant. I approve of the final application, including Budget, and if the partnership receives an AITS grant, I will work with the other teachers and the artist and to provide the residency described in the application. I understand that a one-hour professional development session with the artist is required for the residency teachers. I will make sure that the AITS Final Report and Evaluation is submitted 30 days after the end of the residency, or by May 31, 2016, whichever is earlier.

Lead Teacher's Signature **Lead Teacher Printed Name** **Date**

Additional Comments:

Principal Statement of Support

I approve of this final partnership application, including Budget, and if the partnership receives an AITS grant, I certify that my school will contribute 10% of the AITS grant amount received, in cash (not in-kind), towards residency expenses. I will thank the representative(s) and senator(s) from the school's district in writing (cc: HSFCA) and invite them to observe some part of the residency. I understand that a one-hour professional development session with the artist is required for the residency teachers.

Principal's Signature **Date**

Additional Comments: