



Hawai'i State Foundation on Culture & the Arts  
Artists in the Schools Program  
Partnership Grant Application Form  
2016-2017



**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATP Printed Name

Additional Comments: