



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



**SIGNATURE FORM**

School Name: \_\_\_\_\_

**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, 2017, whichever is earlier.*

\_\_\_\_\_  
Lead Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Teacher Printed Name

Additional Comments: