



Hawai'i State Foundation on Culture & the Arts
Artists in the Schools Program
Partnership Grant Application Form
2017-2018



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: