



Hawai'i State Foundation on Culture & the Arts  
Artists in the Schools Program  
Partnership Grant Application Form  
2018-2019



**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.*

*If there are any changes/updates to the grant application, I will contact SFCA for approval before implementing them.*

\_\_\_\_\_  
**ATP's Signature**

\_\_\_\_\_  
**Date**

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

Additional Comments: