



GRANTS TO INDIVIDUALS FELLOWSHIP APPLICATION

Office Use Only	
APP _____	SER _____
STS _____	SASE _____

APPLICANT INFORMATION

Name _____

Address _____

City/State/Zip _____

Telephone Home _____ Other (please specify) _____

Email _____

Social Security Number _____ Length of RI residency _____
(optional at time of application: required if grant is awarded)

Legislative Districts: Congressional _____ RI House _____ RI Senate _____

* This information can be found at <http://www.sec.state.ri.us/vic/>

DISCIPLINE (check one)

Fellowships offered:

April 1

- ___ Crafts
- ___ Fiction
- ___ Film and Video
- ___ Folk Arts
- ___ Photography
- ___ Playwriting/Screenwriting
- ___ Poetry
- ___ Three Dimensional

October 1

- ___ Choreography
- ___ Design
- ___ Drawing and Printmaking
- ___ Music Composition
- ___ New Genres
- ___ Painting

ASSURANCES

I have met all the eligibility requirements listed in the Grants to Individuals -- General Guidelines and in the category to which I am applying. I have been a current legal resident of the State of Rhode Island for at least twelve months, and I am not presently an undergraduate or graduate student. I certify that the information contained in this application, including all supporting documents and attachments, is true and correct to the best of my knowledge. I hereby release the Rhode Island State Council on the Arts, its members and employees, from any liability and/or responsibility concerning the submission of materials to this grant program.

APPLICANT SIGNATURE _____ DATE _____

Application Number: _____

SUPPORT MATERIALS LIST

List all items submitted as supporting documentation. For each item, please list title, medium, dimensions, year of completion, and duration length (where applicable). For literature excerpts, please provide a few lines placing the work in context. **DO NOT SIGN OR INDICATE YOUR NAME ANYWHERE ON THIS SHEET.**