K-12 Student Scholarship

East Central Regional Arts Council

REGAPP - Grant Number*

Character Limit: 15

Section 1: Student's Personal Information

Student's First Name*

Character Limit: 20

Student's Last Name*

Character Limit: 20

Parent's First Name*

Character Limit: 20

Parent's Last Name*

Character Limit: 20

Applicant Mailing/Street Address or P.O. Box #*

Character Limit: 40

City*

Character Limit: 30

Zip Code*

Character Limit: 10

Parent's Email Address*

Character Limit: 50

Student's School as of March 1, 2020*

Character Limit: 200

City Where Student's School Is Located*

Character Limit: 30

Student's County of Permanent Residence*

(and township if a rural address)

Character Limit: 200

Student's Grade as of March 1, 2020*

Character Limit: 200

Allow release of student's name and city?*

Please note that the student's personal information is not open to the public. The student's name and city of residence will be released only if you give permission. Do you allow release of the student's name and city?

Choices

Yes
No

Section 2: Project Request

Scholarship Project Title*

Examples: Visual Art Camp; Music Lessons; Dance Mentorship.

Character Limit: 100

Total Scholarship Project Cost*

Character Limit: 20

Source Of Other Funds For Scholarship Project (if any)*

Enter "None" If no other funds

Character Limit: 1000

REQ - Amount Requested from ECRAC*

Max $500; *Please round up to the nearest dollar.*

Character Limit: 20

Section 3: Project Description

Explain specifically what the Scholarship money will be used for.*

What is the artistic program or who are the instructors/mentor? Keep in mind that for this funding program ECRAC is serving school age children to develop art skills or knowledge and that you will have a new or expanded skill when the scholarship is over.

Character Limit: 4000

Scholarship Expense Details and Explanations*

Describe your project expense details and explanations for your scholarship budget here. For example, explain how many lessons you will have and how much each lesson will cost, or include transportation expense, etc.. Have your parent help you decide the total costs and include them within this section.

Character Limit: 1000

Have you been accepted by the instructor or into this program?*
Choices
Yes
No
Don't Know

Section 5: Artistic Background

What current arts activities are you involved in at school?*
Character Limit: 2000

What arts activities do you participate in outside of your school?*
Character Limit: 3000

Reference Details*
Provide two references documenting your participation in the arts. Example - teachers, administrators, community members, etc.

In the space provided below, include your reference's:

- names;
- email addresses;
- city, state;
- and your relationship to them.

Character Limit: 1000

Statements from two References.
Upload your signed reference letters in the upload space provided below. PDF's are recommended and signatures are <u>required</u>.These letters should be written specifically for you and not a form letter. These should be individualized references based on you & your artistic talents.

Statement from Reference (upload #1)*
File Size Limit: 2 MB

Statement from Reference (upload #2)*
File Size Limit: 2 MB

Describe Special Honors or Awards*
Describe what, if any, special honors or awards directly related to your arts involvement you have received.

Character Limit: 2000

Accomplishments in your Arts Discipline
A minimum of two supporting samples demonstrating your accomplishments in your arts discipline are required. Example: copies of photographs, programs, writing excerpts, etc.

Accomplishment Sample Descriptions*
In the space below, for each sample, include:

- the title of the sample artwork or art form
- a brief description of each sample submitted

Character Limit: 1000

Accomplishment Sample Uploads
Attach the samples in the upload section provided below. PDFs or jpgs are recommended.

Supporting Samples (upload #1)*
File Size Limit: 5 MB

Supporting Samples (upload #2)*
File Size Limit: 5 MB

Additional Supporting Documents (optional)
Combine additional documents into one file, as needed.

File Size Limit: 5 MB

Section 4: Artistic Goals
What are your long-term goals as an artist?*
Character Limit: 2000

How will the proposed artistic project and this scholarship help you achieve your goals?*
Character Limit: 3000

Section 6: Need and Merit
Artistic Activity*
Is the artistic activity proposed a continuation of training, a repeat experience, or something you have not done before?

Character Limit: 3000

Why and how would this Scholarship be beneficial to your artistic skills?*
Character Limit: 3000

Include a résumé of your artistic mentor/instructor and/or information on arts workshops, camp, classes (e.g. brochures or webpages), as applicable to your proposed scholarship project. PDFs are recommended.

Resume of Artistic Mentor/Instructor
File Size Limit: 2 MB

Camp, Class and/or Workshop Information
File Size Limit: 3 MB

Additional Resume or Class/Workshop Information
File Size Limit: 2 MB

Section 7: Regional Arts Council (RAC) Data Collection

RAC Grant Data Collection*
These reporting fields are not used in the evaluation of your grant request and are simply used for data collection purposes.

Choices
I understand

Are you a new applicant?*
Choices
Yes
No

County*
Choose the Region 7E county below in which you live.

Choices
Chisago
Isanti
Kanabec
Mille Lacs
Pine

MN House District*
MN legislative house district where you live (Click Here to use the district poll finder).

(Due to redistricting, be sure to use the District Poll Finder for the correct House District.)

Choices

11B
15A
32A
32B
39A

Congressional District*

U.S. congressional district where the applicant is located. To be eligible to apply you must live within the five county East Central Minnesota Region which is Congressional District 8.

Choices

8

CHROTH - Special Characteristics (optional)

For Individuals: select any combination that applies to you.

Choices

5 Pre-K children 5 and under
Y Young adult (19-24 years)
YR Youth at Risk
A Adult (25-64 years)
S Older adult (65+)
I Disabled
II Individuals in Institutions
V Military Veterans/Active Duty Personnel
P Individuals with limited English Proficiency
E Individuals with limited English Proficiency
99 None of the above

CHR - Race/Ethnicity (optional)

For Individuals: Please select all categories that by your best estimate represent your racial/ethnic characteristics. This information is not made public.

Choices

N Native American/Alaskan Native
A Asian
P Native Hawaiian/Other Pacific Islander
B Black/African American
H Hispanic/Latino
M Middle Eastern/North African
W White/not Hispanic
R Multiracial or Biracial
99 when no single group applies
O Other

PCHRAGE - Age Group

Select the categories that best represent the age of those benefiting from your project.

Choices

1 Children/Youth (0 - 18 years)
2 Young Adults (19 - 24 years)
3 Adults (25 - 64 years)
4 Older Adults (65 + years)
9 No single age group

STAT - Status*

Select the one code that best describes the applicant. Click Here for a list of current **Status** codes. Enter "01" for individual.

Choices

01
02
03
04
05
06
07
08
09
99

INST - Institution*

Select the one code that best describes the applicant. Click Here for a list of current **Institution** codes. Enter "01" for individual.

Choices

01
02
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DIS1 - Discipline*

Select one code that best describes the applicant's primary area of interest in the arts. Click Here for a list of current **Discipline** codes. Example, enter "01A" for Dance, ballet.

Choices

01
01A
01B
01C
02
02A
02B
02C
02D
02E
02F
02G
02H

02I
03
03A
03B
04
04A
04B
04C
04D
04E
05
05A
05B
05D
05F
06
06A
06B
06D
06E
06F
06G
07
07A
07B
07C
07D
07E
07F
07G
07H
07I
08
09
09A
09B
09C
09D
09E
10
10A
10B
10C
10D
11
12A
12B
12C
12D

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14
15

PDIS1 - Project Discipline*

Select one category that best describes the proposed project activity. Click Here for a list of current Discipline codes.

Choices
01
01A
01B
01C
02
02A
02B
02C
02D
02E
02F
02G
02H
02I
03
03A
03B
04
04A
04B
04C
04D
04E
05
05A
05B
05D
05F
06
06A
06B
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06E
06F
06G
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07A
07B
07C
07D

07E
07F
07G
07H
07I
08
09
09A
09B
09C
09D
09E
10
10A
10B
10C
10D
11
12A
12B
12C
12D
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14
15

Does your proposed project involve a public event?*
Choices
Yes
No

Date(s) of the open to the public event(s).
If applicable, enter all individual event dates separated by a comma.

Character Limit: 250

If yes, include the name(s) and address(es) of the event location(s).
Character Limit: 250

ART - Adult Artists Participating*
Estimated number of adult audience participants benefiting directly from grant activities.

Character Limit: 10

ADULT - Adult Audience Benefiting*
Estimated number of adult audience participants benefiting directly from grant activities.
Include for in-person activities only.

Character Limit: 10

ADULTONLINE - Adult Audience Benefiting Online*

Estimated number of adult audience participants benefiting directly from grant activities. Include for online activities only.

Character Limit: 10

YOUTH - Children/Youth Benefiting*

Estimated number of children and youth, age 18 and under, participating in and/or benefiting directly from these grant activities, or included in an audience. Include for in-person activities only. Your answer should be at least 1, you.

Character Limit: 10

YOUTHONLINE - Children/Youth Benefiting Online*

Estimated number of children and youth, age 18 and under, participating in and/or benefiting directly from these grant activities, or included in an audience. Include for an online audience only.

Character Limit: 10

Total Project Expenses*

Character Limit: 20

EXP - Cash Expense of Project

This number should be the project total cost.

Character Limit: 20

BEG - Project Start Date*

Enter May 15 as your start date.

Character Limit: 10

END - Project End Date*

Enter December 31 as your end date.

Character Limit: 10

COUNTIES - Counties Impacted*

Please provide a list of counties (Minnesota only) that will be impacted by this project. Your county of residence should be one.

Character Limit: 500

Section 8: Signatures

Student Signature*

I, the undersigned, am a K-12 student and I want to apply for a scholarship to further my artistic goals!

Typed Name

Character Limit: 30

Date of Signature*

Character Limit: 10

To the parents and guardians of East Central Regional Arts Council Scholarship recipients:

I, the undersigned, am a parent or legal guardian having custody of the minor child named above. I am authorizing this application to the ECRAC Student Scholarship program pursuant to the https://www.ecrac.org/sites/default/files/FINAL%20ECRAC%20K-12%20Scholarship%20FY%202022-2023%20grant%20guidelines.pdfhttps://www.ecrac.org/sites/default/files/FINAL%20ECRAC%20K-12%20Scholarship%20FY%202022-2023%20grant%20guidelines.pdfhttps://www.ecrac.org/sites/default/files/FINAL%20ECRAC%20K-12%20Scholarship%20FY%202022-2023%20grant%20guidelines.pdfECRAC guidelines. I understand that payment for the Scholarship, if received, will be made out to the child and the mentor or program, unless other arrangements are made. I understand that only the child's name and city will be released if I authorize it.

Signature of Parent or Guardian*

Typed Name

Character Limit: 40

Date of Signature*

Character Limit: 10

FYI - To ensure all application files have uploaded and will open properly for reviewers, applicants should use the *"Application Packet"* button located at the top of the application. Any file upload errors will appear on the *"File Attachment Summary"* page in the Application Packet.

Contact staff via email at grantinfo@ecrac.org or by telephone at 320-591-7034 if you have any questions or concerns regarding your application. If requested early enough in advance of the grant deadline, ECRAC staff can review your draft application.

Thank you for applying! ECRAC staff wishes you all the best.