

Springfield Area Arts Council

420 South Sixth Street Springfield, IL 62701
217-753-3519, phone 217-753-8018, fax
programs@springfieldartsco.org

Penny Wollan-Kriel ARTS IN EDUCATION 2018-19

Request

Please return completed form by email, fax, or mail.

School _____ Phone _____ Fax _____

Address _____ City _____ Zip _____

Principal _____ Email _____

Artist(s) _____ Discipline _____

Date(s) of Appearance _____ Times _____

Type of Residency: Performance/Assembly _____ Classroom _____ Parent Night _____

Projected Number Involved: Students _____ Grade Level(s) _____

Teachers/Staff _____ Parents/Volunteers _____

Percentage of students who receive a free or reduced-price lunch _____
[75% or more = low-income]

Total Cost of Residency _____

Amount Requested from Arts Council _____ [50% match or 100% if a low-income school]
[\$500.00 maximum]

Amount Underwritten by School _____ [Remainder of residency cost, if applicable]

Name of Person Requesting Residency _____ Phone _____
(if different from above)

Position/Title _____ Email _____

Funding for this program comes through a grant from the Susan Cook House Educational Trust.



Enriching the community through the arts