Helen Ferris Memorial Fund Grant Guidelines/Criteria

Criteria for Application to the Helen Ferris Memorial Fund Grant

Individuals

- o Applicants must currently attend a school in Prince Albert or immediate area.
- The applicant must reside within Prince Albert or immediate area. The parent or legal guardian residence determines eligibility.
- Applicants must be a student in Prince Albert or immediate area at the time of the proposed project.
- o If the applicant is outside of Prince Albert and immediate area, they must provide proof of arts activity undertaken in Prince Albert (i.e. registration form, letter from the instructor/business/organization).
- o The student must be between 5 and 30 years of age.
- The application shall include letters of reference from two individuals (i.e. teachers, instructors), who have directly observed the capabilities of the applicant but are not related to the applicant.
- At least one of the letters of reference shall demonstrate the financial need of the applicant; at least one shall address merit of the applicant.
- Applications may be made by individuals only.
- Applications may include, but are not limited to, the following Arts related materials, activities, programs, or training:
 - Consumable Arts materials that are not provided by the school system
 - Arts materials that may be used from year to year such as band instruments. Such materials shall remain the property of the Prince Albert Arts Board. The materials may remain within the school if they are actively used. The school receiving such materials must re-apply to keep the materials from one year to the next and shall verify that the materials are activity used.
 - Concerts, lectures, Arts programs, or instructions not available through the school division
 - Course, workshop or classes not available through the School Division.
- Applicants shall verify that the grant sought does not cover anything that is provided by the School System.
- Applications shall include an explanation of their financial need.
- The grant may be awarded to more than one recipient.

- Priority shall be given to those who have not received a Helen Ferris Memorial Fund
 Grant in the previous three years.
- The Jury, as determined by the Prince Albert Arts Board (PAAB), will review the applications against the criteria including demonstrated financial need, merit and overall impact.
- Incomplete or late applications will not be accepted.
- We thank all applicants. The successful applicant(s) will be notified by June 15.

Funds Available

Funding available on an annual basis is approximately \$200-\$500 and may be awarded to one or more recipient(s).

Application Process

| Ongoing Jan.1-Dec.31 | Application deadline |
|----------------------|--|
| Monthly | Applications reviewed by the Arts Board and decision to |
| | approve grant |
| Within two months of | Successful applicant(s) of the Helen Ferris Memorial Fund |
| application | Grant are notified and 75% of the grant is provided to the |
| | recipient(s). |

Within one month of activity Final Report is due from grant recipient(s). The final 25% of completion the grant is provided when the report is complete.



NAME:

Helen Ferris Memorial Fund Grant Application

Return to:

Prince Albert Arts Board c/o Prince Albert Arts Centre 1010 Central Avenue Prince Albert, Sask. S6V 4V5

E: jmacleodcampbell@citypa.com

For more information, please call: Roxanne Dicke at 980-8689, or Judy MacLeod Campbell at 953-4825

| Mailin | Mailing Address: (c): | | | Postal Code: | | | |
|---|-----------------------------------|-----------------------------------|--------------------------------------|--|---------------------------------------|--------------------------------------|--|
| Phone | | | | | | | |
| Birthd | Birthday: | | | Age: | | | |
| Are yo | u attending s | chool or will b | e at the next | intake? (circle | e one) Yes | No | |
| Schoo | l you are atte | nding: | | Curr | ent Grade: | | |
| | type(s) of arti | - | re you intere | sted in receivi | ng more | | |
| ☐ Visual Art: | ☐ Creative Arts: | ☐ Media Arts | ☐ Music | □ Drama | □ Dance | ☐ Literature | |
| (describe area of specialization) | (describe area of specialization) | (describe area of specialization) | (describe area of specialization) | (describe area of specialization) | (describe area of specialization) | (describe area of specialization) | |
| (i.e. painting, photography, pottery) | (i.e. culinary, cosmetology) | (i.e. film, new media) | (i.e. singer, play instrument) | (i.e. musical theatre, actor, stagehand) | (i.e. teacher, jazz, Ukrainian) | (i.e. self- published, poetry) | |
| | ption of the to | | am for which | the applicatio | n is being ma | de. | |



Helen Ferris Memorial Fund Grant Application

| Date(s) of the training/program: |
|--|
| What are your goals for the training (what do you want to get out of it)? |
| |
| |
| How will it benefit you with your artistic education pursuits? |
| |
| |
| |
| Explain why this funding is needed. |
| |
| |
| Have you received the Helen Ferris Memorial Fund Grant before? ☐ Yes ☐ No |
| Other Comments: |
| |



Expenses

Helen Ferris Memorial Fund Grant Application

Training/Program Budget:

- Please note that Total Expense must equal Total Revenue.
- Indicate if any of the revenue noted in the budget below (under other) is not yet certain. Explain contingency arrangements if these funds are not received.

Revenue

• Applicant may choose to attach a detailed financial report instead of the form below.

| Registration/tuition fee | | Self-generate | -d | | | | | | |
|--|------|---------------|----------|-------|--|--|--|--|--|
| Travel | | Other (list): | <u> </u> | | | | | | |
| | | Other (list). | | | | | | | |
| Other (list): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Amount Requ | | | | | | | |
| TOTAL EXPENSES | | TOTAL REVEN | NUE | | | | | | |
| Checklist of Required Information and/or Attachments: □ The application is completed in full (every section). □ Two (2) Letters of Support to your application, (i.e. teachers, instructors) with at least one addressing your financial need and one the merit of your application/training/program. References may not be from those who will be delivering the training/program. □ References (can be the same as the Letters of Support): 1 | | | | | | | | | |
| Name | POS | sition | Phone # | Email | | | | | |
| 2 | | | | | | | | | |
| Name | | sition | Phone # | Email | | | | | |
| We confirm that the information contained in or attached to this application is true to the best of our knowledge. | | | | | | | | | |
| Print Name (applicant) | Sign | Date | | | | | | | |
| Print Name (parent) | Sign | Date | | _ | | | | | |