

# Art ConnectED / ILLINOIS HIGH SCHOOL ART EXHIBITION

## TEACHER/STUDENT PROPOSAL FOR FINANCIAL SUPPORT

Any individual seeking financial support in excess of \$250 from the *Illinois High School Art Exhibition, d/b/a Art ConnectED* (“IHSAE”) must submit a completed Proposal for Financial Support (“Proposal”). Submission of a Proposal does not guarantee approval. Any and all funds granted by IHSAE to the individual named herein must be used in the manner and for the purposes stated in this Proposal. Any alternate uses of funds must be approved in writing by an authorized representative of IHSAE. Acceptance of funds from IHSAE obligates the individual named herein to provide written reports of fund usage and expense reports with receipts indicating how the funds were used. If funds are used for any purpose, project or activity not described in this Proposal or not approved in writing by IHSAE, then IHSAE may recoup or withhold the full amount of funds previously distributed, and may reject any future proposals for financial support.

***Please attach additional sheets if more space is needed.***

DATE: \_\_\_\_\_, 20\_\_.

### **I. INFORMATION**

- A. Are you a Student or Teacher Liaison who Represents Students? Student  Liaison
- B. Name of Student or Teacher Liaison Representative:
- C. Address:
- D. Phone Number:
- E. E-Mail Address:
- F. Year in School of Student or Student Group (Freshman/Sophomore/Junior/Senior):
- G. Does your school receive Title I funding? Yes  No
- H. Please describe other sources of financial support for your proposed grant use (e.g., general public, private individuals, government, foundations).

### **II. GRANT PURPOSE DESCRIPTION**

*Describe how the grant funds will be used (e.g., artist workshop, early college program, community arts project). Include information on programs attended or implemented, services received or given, what will be accomplished and the desired outcome.*

**III. DURATION AND TIMELINE**

**IV. GOALS AND OBJECTIVES**

*Describe all goals and objectives, in measurable terms, that these grant funds will help you pursue.*

**VII. AMOUNT REQUESTED**

\$ \_\_\_\_\_.

**VIII. OTHER FUNDING SOURCES**

**IX. ACKNOWLEDGEMENTS**

The undersigned does hereby acknowledge and agree to the following as conditions to receiving financial support from IHSAE:

*(Please Initial)*

\_\_\_\_\_ Submission of this Proposal does not guarantee approval.

\_\_\_\_\_ The student or teacher liaison representative will provide written reports of fund usage and receipts indicating how grant funds were used within six months of disbursement.

\_\_\_\_\_ The student or teacher liaison representative will provide visual documentation of the use of grant funds to be submitted to IHSAE at the completion of the activity or event.

\_\_\_\_\_ All funds received from IHSAE will be used for the purpose described herein. Any alternate use of funds requires the prior written approval of an authorized representative of IHSAE.

\_\_\_\_\_ If funds are used for any purpose or activity not described herein or not approved in writing by IHSAE, then IHSAE may recoup or withhold the full amount of grant funds previously distributed to the student or teacher liaison representative and may reject any future proposals for financial support.

\_\_\_\_\_  
(Signature of Student or Teacher Liaison Representative)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian if Student under 18)

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)