

# MISSISSIPPI ALLIANCE FOR ARTS EDUCATION

## Workshop Application

**Directions:** Please provide the following information and respond to all questions that apply to your work as a performing or visual artist.

### 1) Contact Information:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (day) \_\_\_\_\_

Phone (evening) \_\_\_\_\_ E-mail \_\_\_\_\_

### 2) Arts Discipline or Art Form:

Dance     Music     Theatre     Visual Art     Multi-disciplinary

### 3) Age Groups/Audiences: *Check all that apply.*

With whom have you worked in the last **three** years?

Pre-school age children     Children 5 – 10     Youth 11 – 18     Adults

### 4) Work Settings: *Check all that apply.*

In what settings have you worked? *or* Who has sponsored your work in the last three years?

Schools     After-school programs     Youth-based programs     Libraries

Arts organizations     Community cultural organizations     Healthcare facilities

Adolescent offender programs     Other (*Please specify*) \_\_\_\_\_

### 5) Work Description: *Check all that apply.*

What do you typically do in your role as a performer and/or teaching artist?

School performances     Demonstration lessons for students     School residencies

Model lessons for teachers     Other (*Please specify*) \_\_\_\_\_

### 6) Work in the art form:

Describe your work with an example from an area checked in section #5. Be specific about what you do within the art form. *Limit 50 words*

How many years have you practiced your art form or worked in the arts discipline? \_\_\_\_ Years

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**7) Connecting the arts to school subjects:**

Do you make connections between your art form and the broader curriculum?  Yes  No

If you responded **yes**, with which core subject(s) do you typically make connections?

*Check all that apply.*

- Reading/Language Arts     Social Studies (History/Geography)     Science  
 Math     Foreign Language     Dance     Music     Theatre     Visual Art

**8) Work with teachers:**

Have you conducted professional development workshops for teachers?  Yes  No

If you responded **yes**, please describe a professional development workshop you have conducted. Be specific about the topic, the number of hours of training, and the goals of the workshop. *Limit 50 words*

When did the workshop take place? \_\_\_\_\_Month    \_\_\_\_\_Year

**9) Please list your professional organization affiliations, if applicable.**

Are you currently associated with an arts in education organization or program, an arts council or arts agency?  Yes  No    If your answer is **yes**, please list affiliations below:

Organization/Agency	Contact Person and Title	Contact Information
1)	Name: _____ Title: _____	Phone: _____ E-mail: _____
2)	Name: _____ Title: _____	Phone: _____ E-mail: _____
3)	Name: _____ Title: _____	Phone: _____ E-mail: _____

**10) Please respond:**

1. Are you a member of the Mississippi Alliance for Arts Education?  Yes  No
2. Have you previously attended MAAE-sponsored events?  Yes  No
3. Are you currently listed on the Mississippi Arts Commission’s Artist Roster?  Yes  No
4. Do you intend to apply to the MAC Arts in Education Roster?  Yes  No
5. If your response was **yes**, do you plan to apply March 2010?  Yes  No
6. If your response was **no**, please indicate when you might apply.  2011  Never

