



NEW PARTNER APPLICATION

GENERAL INFORMATION:			
Last Name	First	M.I.	Date
Street Address		Apartment/Box #	
City	State	Zip Code	
Phone	E-mail Address		
Organization Name:			
Website (if applicable):			
Brief description of artist or organization's mission and/or services:			

EDUCATION: LIST EDUCATIONAL INSTITUTIONS OR ARTISTIC TRAINING, YEARS ATTENDED, AND DEGREES EARNED (ORGANIZATIONS, PLEASE LIST THIS INFO FOR YOUR MAIN INSTRUCTOR OR CONTACT PERSON)	
School	
Years Attended	Degree
School	
Years Attended	Degree

REFERENCES: LIST AT LEAST THREE PROFESSIONAL REFERENCES WHO CAN SPEAK TO YOUR EXPERIENCE WORKING WITH K-12 POPULATIONS (REFERENCES MAY BE REPEATED ON NEXT PAGE)	
Name	Relationship
Company	Phone ()
Name	Relationship
Company	Phone ()
Name	Relationship
Company	Phone ()

PREVIOUS RESIDENCIES OR EMPLOYMENT IN K-12 EDUCATIONAL SETTINGS:	
Residency or Employer	Dates
Contact Person	Phone
Brief description of activities:	
Residency or Employer	Dates
Contact Person	Phone
Brief description of activities:	
Residency or Employer	Dates
Contact Person	Phone
Brief description of activities:	

AWARDS AND HONORS:	
Award or Honor	Date
Brief description:	
Award or Honor	Date
Brief description:	

DISCLAIMER AND SIGNATURE: PLEASE CHECK BESIDE EACH STATEMENT, SIGN, AND DATE	
<input type="checkbox"/> I agree that, if this application leads to employment, false or misleading information in my application or interview may result in my release.	
<input type="checkbox"/> I agree that, upon approval to the ECM artist roster, a SLED background check is mandatory for employment as a residency in all ECM schools.	
<input type="checkbox"/> I agree that all applications are reviewed by the Engaging Creative Minds artist selection committee and that selection for the artist roster is only the first step in the process toward securing a residency.	
<input type="checkbox"/> I agree to provide Engaging Creative Minds with additional information so that my artistic programs can be promoted in the schools.	
Signature	Date

Please submit the completed application by email to Susan Antonelli at susan@engagingcreativeminds.org. Arrangement can be made if you would like to include additional media reflecting your work, such as photos, CD's, DVD's, or video links. Applicants will be processed several times each year and you will be notified of receipt of application.

Engaging Creative Minds promotes integrating STEAM areas (Science, Technology, Engineering, the Arts, and Math) as a strategy to engage students and improve their ability to understand and retain the core curriculum. Please answer the following questions describing an example of the type of program that you would like to offer through ECM. It is not necessary to identify a particular core curriculum standard. We are interested in learning how you could integrate your work with classroom curriculum, and if needed, will provide professional development to help you or your organization further define your program. Once accepted to our roster, you are also encouraged to create additional programs. For examples of ECM program descriptions, please visit our Partner pages, found under the "For Schools" section of our website under the subcategory, "Choose ECM Partners."

Program Description:

Anticipated student products/outcomes: (EX: By the end of my program, students will be able to....)

General Materials/Resources/Space Requirements for Schools: (EX: My program will need a large empty space for student to move and a means to play an MP3 player. I will provide the MP3 player and no other materials are required.)

Scheduling requirements/Partner availability:

List daily activities for a 5-day experience in which you will meet with a class of 25 students for 40-45 minutes. Please be sure to include the ways in which your art form/ STEM specialty area will integrate with classroom curriculum and how the experience will be broken down for the students. To request an example, please email susan@engagingcreativeminds.org