Connecticut Office of the Arts

DECD
State of Connecticut
Department of Economic and Community Development

ELIZABETH L. MAHAFFEY ARTS ADMINISTRATION FELLOWSHIP APPLICATION

Deadline: Friday, February 3, 2012

Please send completed application to: David Bahlman, Director of Culture, Elizabeth L. Mahaffey Fellowship, Department of Economic and Community Development (DECD), Connecticut Office of the Arts (COA), One Constitution Plaza, 2nd Floor Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (N/A WHERE APPLICABLE) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW.

APPLICANT INFORMATION

Name _____

Residential Mailing Address _____

City/State/Zip _____

Telephone (Home) _____ (Work) _____

*E-mail _____ Title _____

Organization Employed by _____

Years employed as an arts administrator _____ Years employed by current organization _____

** Required - all notices and information regarding applications will be sent by email ONLY*

APPLICATION NARRATIVE

Answer questions in a narrative of no more than two (2) single-spaced typed pages (one side only). Margins should be no less than ¾ of an inch on all sides, with a font size no smaller than 11 point.

- Describe your most important professional achievements in the field of arts administration.
- What professional development activities have you undertaken, and how have these impacted the organization for which you work?
- What future goals do you have in your career as an arts administrator?

CHECKLIST

This checklist includes all items required for an application to be considered complete. Do not submit any materials other than those required. Check each box to confirm items are enclosed with your application.

SUBMIT IN THE FOLLOWING ORDER ONE (1) ORGINAL (SIGNATURE) AND FOUR (4) COPIES.

- ☐ Application form - two-pages - dated and signed
- ☐ Narrative - approximately two (2) pages
- ☐ Resume or c.v.
- ☐ Two (2) letters of support

BEHIND THE ABOVE COPY MARKED "ORIGINAL", ADD THE FOLLOWING:

- ☐ National Standard Data Collection form (one copy of 3-page form)
- ☐ *Optional*, supplemental materials - no more than two (2)

SIGNATURE

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Connecticut Office of the Arts Grant Overview Guidelines and acknowledge that it is my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact DECD. I further understand that all documents submitted become the property of DECD.

Printed Name _____ Title _____

Signature _____ Date _____