



ELIZABETH L. MAHAFFEY ARTS ADMINISTRATION FELLOWSHIP

Deadline: Thursday, March 4, 2010

Please send completed application to: Kathleen DeMeo, Program Manager, Elizabeth L. Mahaffey Fellowship, Connecticut Commission on Culture & Tourism, 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*

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR WWW.VOTESMART.ORG)

CCT informs your legislator about your grant. It is important that you provide accurate information.

U.S. Representative's Name _____ District # _____

State Senator's Name _____ District # _____

State Representative's Name _____ District # _____

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 $\frac{3}{4}$ 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

- Application form - dated and signed
- 2-page narrative
- Resume or c.v.
- Three letters of support
- National Standard Data Collection form (3 pages)
- Optional supplemental materials
- Four photocopied sets of first four items only

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 Commission on Culture & Tourism's 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 CCT. I further understand that all documents submitted become the property of CCT.

Printed Name _____ Title _____

Signature _____ Date _____