Springfield Area Arts Council

420 South Sixth Street Springfield, IL 62701 217-753-3519, phone 217-753-8018, fax programs@springfieldartsco.org

Penny Wollan-Kriel ARTS IN EDUCATION 2023-2024 Request

Please return completed form by e-mail, fax, or mail.

School	Phone					
Address			_ City .			_ Zip
Principal		E-r	nail			
Grant will be used to \ for						
Projected number benefitting: Students _						
	leachers/Stat	t		Parents/Vo	olunteers	
Name of artist(s) involved						
Date and Time of Performance					Total cost <u>\$</u>	
Amount requested from Arts Council \$			[\$500.0	0 maximum]		
Amount underwritten by School \$			[Remai	nder of cost, i	f applicable]	
Name of person requesting funding(if different from above)					Phone	
Position/Title		Email				_

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