

Individual Artist Application

Donations Program

Please submit completed forms and a copy of any other required documentation to info@paradise.ca.

SECTION 1 – CONTACT INFORMATION						
Name						
Mailing Address						
Town (Must be resident of Paradise)			Postal Code			
Primary Phone #			Secondary Phone (optional)			
Email Address						
Website (if available)						
SECTION 2 – ARTIST INO	FRMATION					
DISCIPLINE / FOCUS						
Dance		Film		Literature		
Music		Theatre		Visual		
Other		:				
Title of Project / Work (if applicable)						
Amount Requested (max of \$200)						
Please provide some info	rmation abou	ut the intended us	e of the donation reque	sted.		

Have you previously received an Individual Artist Donation from the Town? Yes No						
If yes, in what year(s) was the	Donation received?					
SECTION 5 – APPLICANT DECLARATION						
It is the responsibility of the applicant to confirm all required information is submitted and accurate. Incomplete applications will be considered ineligible. I affirm that the information in this application is accurate and complete, I agree funding and assistance by Town of Paradise will be publicly acknowledged, and understand that some of the information provided on this application may be accessible under the <i>Access to Information and Protection of Privacy Act</i> .						
Signature						
Name						
Address		Date				
Signature						

If you require assistance in completing or submitting your application, please contact info@paradise.ca

Privacy Notice: Personal information collected via this form is authorized under Part III of the Access to Information and Protection of Privacy Act, 2015, and is needed and used only for the administration of the Town's grants / donations program as it pertains to individual artist support. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at atipp@paradise.ca.

OFFICE USE ONLY			
Application Approval	Date of Approval	Signature	