

Application Number \_\_\_\_\_ Applicant \_\_\_\_\_  
Date \_\_\_\_\_

**Creative Arts Foundation of Brevard, Inc.**  
PO Box 410324  
Melbourne FL 32941

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Registration Number (if applicant is a documented permanent resident) \_\_\_\_\_

Name of parent/guardian (if applicant is living at home) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web site (if applicable) \_\_\_\_\_

School/Grade/GPA: (if applicant is a student or recent graduate) \_\_\_\_\_

Current employment and employer (if applicable) \_\_\_\_\_

Applicant's annual gross income as reported on your last calendar year US Form 1040 \_\_\_\_\_

Total annual gross income of your household as cumulatively reported on last calendar years US Forms 1040 if different from yours \_\_\_\_\_

State your fine arts discipline/genre. Be specific: e.g. Clay Sculpture, Modern Dance, Violin, Water Color, etc.

\_\_\_\_\_

How long have you been involved in this discipline/genre (years)? \_\_\_\_\_

Please list schools, courses, teachers and/or special training you have received in your discipline/genre.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list awards, citations, achievements, competitions placed, etc., in your discipline/genre. Include approx. dates.

\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please describe any participation you have had in community affairs (both in and outside of your discipline). Include approx. dates. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List current memberships in clubs and organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please describe the importance of this grant and how it will be used to advance your discipline studies, skills and ability to improve. \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

**APPLICANT STATEMENT**

In 100 words or less, please describe your short and long range goals in regards to your artistic talent, what it means to you, how it will impact the arts community of Brevard County. Tell us the current level of your accomplishment and what you anticipate for the future. Please emphasize why this grant is needed to accomplish these goals. Attach extra sheet of paper if necessary.

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**CERTIFICATION AND ASSURANCES:**

I certify that I am a resident of Brevard County, Florida and that I am a citizen of the United States of America or a documented permanent resident, and that all statements in this application are true and factual to the best of my knowledge and belief.

I hereby release the Creative Arts Foundation of Brevard, Inc. (CAFOB), its directors, its employees and its representatives from any liability and any responsibility for any damages whatsoever or any loss of any materials submitted to the Foundation under this grant application; whether or not such damage or loss is caused by the negligence of the Foundation, its directors, its employees or its representatives

I understand and agree that if I receive a grant from CAFOB that I am obligated to and will submit a final report to CAFOB within 60 days of the expenditure of this grant. I also understand and agree that my failure to submit a final report to CAFOB may preclude me from receiving any further future CAFOB funding.

I also understand that in compliance with the regulations of the Internal Revenue Service

1. CAFOB will report to the IRS grants made to the Applicant and
2. CAFOB will provide the Applicant with a IRS Form 1099 for the year in which the grant was made.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)