

2020-2021 Instant Arts Classroom Funds Request

Program Details:

Arts Event: _____

Date of Arts Event: _____

Classroom Information:

Teacher: _____ Grade: _____

School: _____

Address: _____

School phone number: _____ Cell phone number: _____

Email: _____

Demographics For Granting:

Art Event attendance: Students: _____ Faculty/Staff and/or Parents: _____

(For internal data only) Approximately how many of the students have:

IEPs/504 plans: _____ Free or Reduced Lunch: _____ Identify as Minorities: _____

***Required.** Why is the Arts Quincy Instant Arts Program important for you and your students?

Program Budget:

Amount for program: _____

Amount for transportation/supplies: _____

Total Grant Request: _____

***\$150 max.**

Return this form to:
Arts Quincy
300 Civic Center Plaza, Suite #244
Quincy, IL 62301
OR via email to office@artsquincy.org.

Requests must be submitted by
October 30, 2020. Additional forms can be
downloaded at artsquincy.org/instantarts.

