

# Sligo County Council Arts Service

## 2011 ARTIST BURSARY APPLICATION FORM

SUPPORT FOR PROFESSIONAL ARTISTIC PRACTICE: JULY 2011 TO JULY 2012

Closing Date for Applications: 1pm Friday 15 April 2011

### 1. APPLICANT DETAILS

Name of Applicant \_\_\_\_\_

Contact Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

### 2. PROJECT DETAILS

Title of arts project/performance/exhibition/production/publication/residency

\_\_\_\_\_

Time-scale/Schedule for development of new work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total cost of proposed project \_\_\_\_\_

Amount sought from Sligo Arts Service \_\_\_\_\_





## 6. Proposed Budget

Applicants may apply for studio costs, materials, and in some cases the hiring of services where they are intrinsic or necessary to the creative process or the production of work, however these must not make up the majority of the costs relating to your application.

The range of costs listed here is to give the Independent Assessment Panel an idea of the overall cost of the arts project and to demonstrate viability of the project.

EXPENDITURE	€	INCOME	€
<b>ARTISTIC COSTS</b>		<b>ARTIST BURSARY</b>	
Artist Fees		Amount Sought	
Course Fee			
Materials		<b>OTHER SOURCES</b>	
Travel		Please name any other	
Other		anticipated sources of	
<b>Administrative Costs</b>		income for this project	
Publicity		a)	
Printing		b)	
Other		c)	
<b>Support Costs</b>		Please name any other	
Studio / Venue Hire		approved sources of	
Technical Equipment		income for this project	
Transport		a)	
Other		b)	
		c)	
<b>TOTAL EXPENSES</b>		<b>TOTAL INCOME</b>	

Please Note: Total Expenses should match Total Income.

### Supplementary Budget Information

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5. Provide contacts of two people in your field who know you and your work

_____	_____
_____	_____
_____	_____
_____	_____

8. Declaration

I have read the Sligo County Council Arts Service Arts Grant and Bursaries Guidelines, agree to be bound by them and certify that the information in this application is correct to the best of my knowledge.

I understand that I will be required to credit Sligo County Council as appropriate in any publicity arising from work developed through this bursary opportunity.

Signed: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Date: \_\_\_\_\_

**Four Copies** of this application form should be returned to:

Artist Bursary Scheme  
Sligo Arts Service  
Sligo County Council  
Development Centre  
Cleveragh Road  
Sligo

Please Note: Sligo Arts Service will not accept applications received after the closing date and time of 1pm, Friday 15 April, 2011. If Four Copies of the application form are not submitted, your application will be deemed ineligible.

For enquiries:  
Tel: 071 911 1826  
Email: sleavy@sligococo.ie

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