

Teaching Artist Proposal

CONTACT INFORMATION

NAME			
MAILING ADDRESS Line 1			
ADDRESS Line 2			
CITY	STATE		
ZIP CODE	COUNTRY		
PHONE	CONTACT PREFERENCES □ I opt-in to phone calls		
□ LANDLINE □ MOBILE	□ I opt-in to emails		
EMAIL	□ I opt-in to text messages		
WEBSITE/PORTFOLIO			
HOW SHOULD STUDENTS CONTACT YOU? PHONE EMAIL TEXT			
SHORT BIO (75-word limit) Feel free to attach a headshot to acc	company your bio (2 inch x 2 inch)		

WORKSHOP FORMAT

PROGRAM AREA / DISCIPLINE					
CLASS SIZE Students Minimum of 4 students, Maximum of 10 students					
PREFERRED DATES					
	□ HALF DAY 3-4 hrs	□ FULL DAY 6 hrs	□ IMMERSIVE 2-5 days	□ SERIES multi-week	
WORKSHOP BLOCK Af SCHEDULING	Morning ☐ 3 hrs, 9 a.m12 p.m. ☐ 4 hrs, 8 a.m12 p.m. Afternoon ☐ 3 hrs, 1 p.m4 p.m. ☐ 4 hrs, 1 p.m5 p.m.		Immersive 5-6 hours per day with a lunch break 2-5 consecutive days 9 a.m4 p.m.	Series once a week for 4-6 weeks Half day Enter Preferred Time Block (from column 2) Full day	
	Evenings ☐ 3 hrs, 5 p.m8 p.m. ☐ 4 hrs, 5 p.m9 p.m.	5-8 p.m. □ w/out evening studio	Students in this workshop receive access to independent studio time throughout the course—they have access to practice skills outside of instruction. (Studios are overseen by a volunteer who may or may not be skilled in your discipline)		
ADD-ON GUIDED STUDIO SESSIONS	CHECK ALL THAT APPLY				
TARGET AGE	□ Adult 18 years and up	□ Senior	□ Mixed 15 years and up	Youth ☐ 8-11 years ☐ 12-14 years ☐ 15-18 years	
SKILL LEVEL	□ Explore dip into a discipline (See Explore description, page 2)	□ Beginner foundational skills	□ Intermediate develop skills	□ Advanced dig into the intricacies of specialty skills	
	□ Professional Development sessions that help grow artists' businesses				

WORKSHOP DESCRIPTION

WORKSHOP TITLE
DESCRIPTION (4,000 character limit)
PREREQUISITES Skills required of participants (4,000 character limit) Beginner Intermediate
NOTE E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NOTE Enter materials list here, appears on listing and on the participant's invoice (4,000 character limit)

TEACHING PLAN
TEACHING PLAN Briefly outline the content you will teach throughout the workshop and the teaching methods you will use. Please indicate if you would like help developing your teaching skills and plan. (For internal use only)
TEACHING ARTIST-PROVIDED MATERIALS Specify the materials you will provide and the fee for those materials.
STUDENT-PROVIDED MATERIALS List of supplies that the student is expected to bring
WORKSHOP IMAGES Please send example photos of the projects students will complete during the workshop to kathryn@CreateTogetherVT.org . Guidelines: Aim for brightly lit photos against a light background, landscape orientation 4:3 ratio, at least 400x300px. If you need help photographing your work, please contact Kathryn directly. We have a lightbox and camera onsite.
TEACHING ARTIST FEES Please indicate your Teaching Artist Fee for the entire course you are proposing. Note: Guided Studio and Explore workshops have set Artist Fees. I wish to donate my services to Create Together for this workshop. \$\(\)
VOLUNTEER OPPORTUNITIES
 □ I am interested in volunteering to coordinate my program area/discipline. □ I am interested in volunteering on a coordinating team for my program area/discipline. □ I am interested in being part of an advisory team that aims to ensure Create Together's sustainability □ I am interested in volunteering to host multidisciplinary independent studio time. □ I am interested in developing Explore-style workshops to introduce the community to my discipline. Explore-style workshop description on page 2.
ARTIST PROFESSIONAL DEVELOPMENT
I am interested in learning more about teaching and developing curriculum I am interested in learning more about different methods of delivering instruction I am interested in workshops that help me grow my personal business ex: How to photograph, market, display my work