



A. General Information

- A1. Apprenticeship art form: _____
- A2. Beginning/End dates of Apprenticeship: _____
- A3. Amount Requested: _____

B. Master Artist Information

Additional Master Artists should be named in additional sheets.

- B1. Master Given Name: _____
- B2. Family Surname: _____
- B3. Gender: _____
- B4. Permanent Address _____
- B5. City: _____
- B6. State: _____
- B7. Zip + 4: _____
- B8. County: _____
- B9. Day Phone #: _____
- B10. Evening Phone #: _____
- B11. E-mail: _____
- B12. Age: _____
- B13. Year PA Residence Established: _____
- B14. Social Security Number: _____

B15. Have you received a PCA Apprenticeship award before?

- Yes (specify years) _____ No

B16. Check One:

- I do not need my work samples returned to me.

OR

- I would like my work samples returned to me and have enclosed a self-addressed envelope with enough postage to cover the return of all work samples.

LEGISLATIVE INFORMATION: DO NOT LEAVE THIS BLANK! VISIT WWW.LEGIS.STATE.PA.US
 OR CALL 1-800-692-7281 (LEAGUE OF WOMEN VOTERS) TO FIND YOUR DISTRICT NUMBERS

- B17. State House District #: _____
- B18. State Senate District #: _____
- B19. Federal Congressional District #: _____



C. Apprentice Information

Additional Apprentices should be named on additional sheets.

- C1. Apprentice Given Name: _____
- C2. Family Surname: _____
- C3. Gender: _____
- C4. Permanent Address _____
- C5. City: _____
- C6. State: _____
- C7. Zip + 4: _____
- C8. County: _____
- C9. Day Phone #: _____
- C10. Evening Phone #: _____
- C11. E-mail: _____
- C12. Age: _____
- C13. Year PA Residence Established: _____
- C14. Social Security Number: _____

C15. Have you received a PCA Apprenticeship award before?

- Yes (specify years) _____ No

C16. Check One:

- I do not need my work samples returned to me.

OR

- I would like my work samples returned to me and have enclosed a self-addressed envelope with enough postage to cover the return of all work samples.

LEGISLATIVE INFORMATION: DO NOT LEAVE THIS BLANK! VISIT WWW.LEGIS.STATE.PA.US OR CALL 1-800-692-7281 (LEAGUE OF WOMEN VOTERS) TO FIND YOUR DISTRICT NUMBERS

- C17. State House District #: _____
- C18. State Senate District #: _____
- C19. Federal Congressional District #: _____

I certify, represent and warrant that the information contained herein and in all attachments and supporting materials is true and correct.

Master Artist Signature	Date
Typed/Printed Name	
Apprentice Signature	Date
Typed/Printed Name	



Master Artist Name: _____

D. Master's Fees

		Amount
D1. Fee per hour		\$ _____
D2. Hours per session		# _____
D3. Total fee per session (D1 x D2)	=	\$ _____
D4. Number of sessions	x	# _____
D5. Total Master's Fees (D3 x D4)	=	\$ _____

E. Travel

Please specify locations, mileage, and number of trips.
Indicate Master or Apprentice.

		Amount
E1. _____		\$ _____
E2. _____		\$ _____
E3. _____		\$ _____
E4. _____		\$ _____
E5. _____		\$ _____
E6. _____		\$ _____
E7. _____		\$ _____
E8. Total Travel	=	\$ _____

F. Supplies

Please specify.

		Amount
F1. _____		\$ _____
F2. _____		\$ _____
F3. _____		\$ _____
F4. _____		\$ _____
F5. _____		\$ _____
F6. _____		\$ _____
F7. _____		\$ _____
F8. _____		\$ _____
F9. Total Supplies	=	\$ _____

G. Total Request

		Amount
G1. Total Master's Fees		\$ _____
G2. Total Travel		\$ _____
G3. Total Supplies		\$ _____
G4. Total Request from PCA (not to exceed \$4,000)	=	\$ _____



Description of Work Samples

Check which of the following you have enclosed:

- 35 mm Slides VHS
- Cassette Tape or CD

Use the Space Below

Refer to the *Application Preparation* section of guidelines for the required information to include in the description of the work sample. Send copies of work samples, not originals.



Pennsylvania Council on the Arts










Apprenticeship Application Form

Master Artist Name: _____

Apprenticeship CHECKLIST

Note: Please do not staple sets of application pages. Use paperclips to bind forms.

Assemble your application in the following order with the appropriate number of copies.

- | | | | |
|------------|--------------------------|---|--|
| Two Copies | <input type="checkbox"/> |  | 1. Application Form, pages 1 and 2 |
| Two Copies | <input type="checkbox"/> |  | 2. Budget, page 3 |
| Two Copies | <input type="checkbox"/> |  | 3. Description of Work Samples for BOTH Master and Apprentice, page 4 and 5 |
| One Copy | <input type="checkbox"/> |  | 4. Work Plan |
| One Copy | <input type="checkbox"/> |  | 5. Information Page for BOTH Master and Apprentice |
| One Copy | <input type="checkbox"/> |  | 6. Resume or biography for BOTH Master and Apprentice |
| Two Copies | <input type="checkbox"/> |  | 7. Work Samples (slides, tapes, CDs, etc.) for BOTH Master and Apprentice |
| Two Copies | <input type="checkbox"/> |  | 8. Self-addressed stamped envelope suitable for the return of work samples. <i>(If applicable)</i> |
| One Copy | <input type="checkbox"/> |  | 9. Self-addressed stamped postcard for notification about receipt of application |

Postmarked Deadline: August 1, 2005

**Mail to: 2006 PCA ATA Program
Institute for Cultural Partnerships
3211 North Front Street, Suite 104
Harrisburg, PA 17110-1342**