



A. Applicant Information

A1. Social Security Number: _____

A2. Applicant Name: _____

A3. Permanent Address, Line 1: _____

A4. Address, Line 2: _____

A5. City: _____

A6. State: _____

A7. Zip + 4: _____

A8. Mailing Address, Line 1: _____

A9. Address, Line 2: _____

A10. City: _____

A11. State: _____

A12. Zip + 4: _____

A13. County: _____

A14. Phone #: _____

A15. Fax #: _____

A16. Email Address: _____

A17. State House District #: _____

A18. State Senate District #: _____

A19. Federal Congressional District #: _____

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

A20. Is this a collaboration? Yes No

A21. Collaborator's Name: _____

B. Fellowships

Folk & Traditional Arts - Performing Traditions Institute for Cultural Partnerships

NOTE: Applicants interested in applying to a different PCA Fellowship category should consult the 2006 Fellowship guidelines for more information about categories being offered, eligibility, application preparation, review criteria, and preparing work samples. Visit www.pacouncilonthearts.org to obtain a copy of the guidelines.

I certify, represent and warrant that I am currently and have been a resident of Pennsylvania since August 2003, am not a matriculated student in the arts, did not receive a 2005 PCA Fellowship, and that the information contained herein and in all attachments and supporting materials is true and correct.

 Artist's Signature Date

 Typed/Printed Name

C. Artist's Profile

Note: This is not given to the jurors at any time and has no bearing on the Fellowship decisions. This is for PCA diversity statistics and will assist PCA in serving individual artists.

RACIAL/ETHNIC HERITAGE

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White

EDUCATION

- High School
- 2 year College
- 4 year College
- MA, MFA
- PhD
- Other (specify) _____

GENDER

- Female
- Male

If you received a PCA Fellowship(s), please indicate the year and category.

Year(s) _____







Category(-ies) _____

D. Fellowship 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, as described in the *Application Preparation* section.

MANDATORY for ALL APPLICANTS

-  1. Application Form, pages 1 and 2 (*three copies*)
-  2. Description of Work Samples, pages 3 and 4 (*two copies*)
-  3. Required work samples (*two copies*)
-  4. Artist's Letter (*two copies*)
-  5. Resume or biography (*two copies*)
-  6. Letters of support (*one copy*)

OPTIONAL

-  5. Self-addressed, stamped envelope for return of work or enclose a note "DO NOT RETURN"
-  6. Self-addressed postcard for notification of receipt of application

ALL NOTIFICATION OF FINAL AWARDS WILL BE MAILED ON OR AROUND JANUARY 31, 2005

E. Fellowship Partner Mailing Addresses

Institute for Cultural Partnerships
 3211 North Front Street, Suite 104
 Harrisburg, PA 17110-1342
 Contact: Carlos Fernandez
 (717) 238-1770 x13



Description of Work Samples

Check which of the following you have enclosed:

Video: VHS

Audio: Tape/CD

Use Only the Space Below

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