

ARTIST ASSISTANCE PROGRAM APPLICATION

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____
EMAIL _____
WEBSITE _____

The purpose of the Artist Assistance Program is to offer help to artists in need. This may include supplies, health or transportation issues or assistance for AFFPS event participation. Assistance will be provided in the form of prepaid services when possible. Decisions are final and at the discretion of the GFFPS Board of Directors.

CRITERIA

- Describe need for assistance
- Application must be received by GFFPS prior to event or need associated with application
- Artist must be active in Georgia, but no residency is required
- Photos of current artwork (min. 3) if requested
- References (1 personal, 1 business) if requested
- Willing to provide testimony post assistance if requested

I have read, understood and accepted the terms of this application.

Signed _____

Date _____

Submit to: GFFPS
P.O. Box 422571
Atlanta, GA 30342

Deadline: Prior to event or need

The Georgia Foundation for Public Spaces
a 501(c)(3) organization supporting the arts in Georgia