

Year-End Report
Deadline: June 30

WICOMICO
County

ARTS-IN-EDUCATION PROJECT DESCRIPTION

School Name

Address--Street, Town, Zip Code

Principal or Liaison Officer Name

Telephone

School Enrollment

% of minority students

% of minority faculty

Artists/Poet/Performer/Company-Name(s)

Type of Project-Art Form:

Goals:

Number of days: _____ Number of artists/performers:

Number of students participating directly with the artist(s) (hands-on workshop, "core" group)

% minority _____

Number of students directly involved: _____

Overall evaluation by school staff (circle one):

5= excellent 4= very good 3= good 2= adequate 1= inadequate

Project Budget:

Income:

SWAC Grant: _____

Other Income: _____

Other Income: _____

TOTAL INCOME: \$ _____

Expenses:

Artists' Fee: _____

Artists' Expenses: _____

Materials: _____

Promotion/Documentation: _____

TOTAL EXPENDITURES: \$ _____