

South Carolina Arts Commission

1800 Gervais Street, Columbia, SC 29201, (803) 734-8696

[Instructions for completing this form on your computer](#)

FY2011 INDIVIDUAL ARTIST FELLOWSHIP APPLICATION

I. APPLICANT INFORMATION

Your Legal Name: _____ Last 6 digits of Social Security #: _____

Street Address: _____

City: _____ Zip + 4: _____ County: _____

Mailing Address (if different from above): _____

City: _____ Zip + 4: _____

Daytime Phone: _____ Evening Phone: _____ FAX#: _____

Web Site Address: _____

E-mail Address: _____

May we include your e-mail address when giving information to constituents? yes no

Legislative District Information:

US Congressional Dist _____ SC House Dist _____ SC Senate District _____

To lookup your legislative district information, use <http://www.vote-smart.org>

Your primary artistic discipline:

- Dance Music Opera Theatre Visual Arts Design Arts
- Craft Photography Media Arts Literary Folklife/Traditional Arts

II. APPLICATION CATEGORY

Check the **one** fellowship category in which you are applying:

- Prose Poetry Theatre: Acting Theatre: Playwriting

III. CAREER SUMMARY: Provide information within this space that includes fellowships, grants or other awards/ recognition that you have received. Also include your resume with application.

IV. CERTIFICATION

I certify to the Commission that:

1. I am in compliance with stated eligibility and South Carolina residency requirements for the fellowship program;
2. All information contained in this application is true and correct; and
3. All supporting material is my work, and has been completed within the last 5 years.

Applicant Signature

Date

Mail complete application and support materials to the Grants Office, SC Arts Commission, at the address above on or before October 1, 2009.