Bonin Application **#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(line above for AcA use only)

ACADIANA CENTER FOR THE ARTS

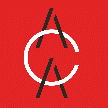
**L. HILL BONIN JR.** MEMORIAL AWARD APPLICATION

Awards Up to $1,000 Funding Period – May 1, 2019 to April 30, 2020

---------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Application Deadline April 1, 2019** hand-delivered by 4:30 p.m. tothe Acadiana Center for the Arts or postmark (by post office) no later than Monday, April 1, 2019. **Application must be typed.**

Please submit your application to: **Acadiana Center for the Arts**



**Community Development Department**

**101 W. Vermilion St.**

**Lafayette, LA 70501**

For assistance prior todeadline, please contact GwenRichard, Community DevelopmentDirector,

[Gwen@AcadianaCenterfortheArts.org](mailto:Gwen@AcadianaCenterfortheArts.org) or 337-233-7060 ex 227. Application forms are available

online at [www.AcadianaCenterfortheArts.org](http://www.AcadianaCenterfortheArts.org)

----------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Guidelines**

The AcA/L. Hill Bonin, Jr. Memorial Award, is administered by the Acadiana Center for the Arts (AcA), and is available for high school and college students pursuing short-term educational opportunities in the arts or arts administration, as well as for non-profit organizations or groups that propose arts productions or activities which involve and benefit high school or college students. This program was created to award talented and deserving arts students, especially those of the performing arts with funds for enhancing their talents through participation in advanced study or classes beyond those available in their present study programs. This is not a scholarship program to pay for high school or college classes/courses, tuition or school supplies/books.

In addition, awards may benefit non-profit groups that provide opportunities to students for enhancing their arts talents. Recognized arts disciplines are dance, Folklife, Literature, Media Arts, Music and Theater.

**STUDENT**

To be considered for an award, a student must be enrolled in any high school or college in the parishes served by the AcA and may be planning to pursue a career or professional training in the arts or arts administration. The student must be a citizen of the United States and a Louisiana resident, and have an overall grade point average of “B” or higher on their high school or college transcript.

**NON-PROFIT ORGANIZATION**

For a non-profit organization or group to be eligible, it must propose a production, performance or activity that involves high school or college students and ensure that the funds will be used for the enhancement of the talents of the students in the performance.

**SELECTION**

Recipients are chosen by the Bonin Awards Committee. Recipients, after meeting eligibility criteria,

are chosen on the basis of the artistic merit of the proposed project, planning and design of the proposal,

and appropriate request and plans for the use of the funds. **SPECIAL NOTE:** The applicant must not

be an Acadiana Center for the Arts current board member, committee member, current

panelist, AcA employee or immediate family member of the before mentioned.

Please complete all areas where applicable. If you are a student, **please attach a school transcript**

**and resume** to the application. Your Application must be **typed** on this form.

**The maximum request may be up to $1000.**

|  |  |
| --- | --- |
| **AMOUNT APPLICANT IS REQUESTING** |  |

**THE APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name** | |  | | | | | | | | | | |
| **Contact Name (if applicant is a non-profit organization)** | | |  | | | | | | | | | |
| Address |  | | | | | | | | | | | |
| City |  | | | State | | | **LOUISIANA** | | Zip |  | | |
| Parish |  | | | **Phone** | | |  | | **Cell** |  | | |
| United States Citizen YES  NO  Social Security Number | | | | | | | |  | | | | |
| **Email** |  | | | | | | | | | | | |
| |  |  | | --- | --- | | **Name of High School or College** |  | | | | | | | | | | | | | |
| If in College, Number of Hours Completed | | | | | |  | | | | | | |
| Classification | |  | | | Grade Level Completed | | | |  | | GPA |  |
| **Date of Birth** | |  |

Check the **primary** artistic discipline(s) involved with the implementation of your endeavor.

**Dance**

Ballet

Ethnic/Jazz

Modern

**Folklife**

Folk/Traditional Dance

Folk/Traditional Music

Oral Traditions

**Literature**

Fiction

Creative Nonfiction

Poetry

**Media Arts**

Film

Audio

Animation

Video

Screenplay Writing

Technology/ Experimental

**Music**

Band

Chamber

Choral

New

Ethnic

Jazz

Popular

Soloist Recital

Orchestral

Opera

**Theatre**

Musical Theater

Theater, General

Mime

Puppetry

Young Audiences

Storytelling

Playwriting

**NARRATIVE QUESTIONS**

**Answer the following narrative questions to the best of your ability. Must be typed only in**

**the space allowed in the box below each question without extending the box.**

1. **Explain the purpose of the funds requested. How will award funds be used? What are you planning to do to advance yourself as an artist? With whom (name of artist or organization) will you study with and where (address, city, state) will the lessons take place?**

|  |
| --- |
|  |

**(DO NOT TYPE BEYOND THE SPACE PROVIDED ABOVE. DO NOT EXPAND THIS BOX.)**

**EXPENSES**   **Request Brief Additional Explanation**

|  |  |  |
| --- | --- | --- |
| 1. **Artist Opportunities** (fees for workshops, professional development, etc.) |  |  |
| 2. **Other Outside Professional Services** (other artist providing individual educational opportunities or services) |  |  |
| 3. **Space Rental** |  |  |
| 4. **Travel** |  |  |
| 5. **Supplies and Materials** |  |  |
| 6. **Other** (explain using list below) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTALS (total amount from items 1-6)** |  |  |

**List other sources of funding for this endeavor.**

|  |  |
| --- | --- |
| **Other Funding Sources** | **Amounts Received** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2. List any honors, awards, or distinctions received.**

|  |
| --- |
|  |

**3. List your service to community, church, and /or organizations.**

|  |
| --- |
|  |

**4. Briefly discuss your future plans in the arts.**

|  |
| --- |
|  |

**Please, attach the following with your application:**

* If the applicant is a student, you must provide a school transcript and a resume.
* Three letters of recommendation (from teachers, professors, business professionals). No family references please.

##### ASSURANCES

The applicant, hereby, gives assurances to the Acadiana Center for the Arts that: the applicant has read and understands all information contained in the L. Hill Bonin Jr. Memorial Award Guidelines; the activities and services proposed in this application will be administered by the applicant (student or organization); and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the Guidelines.

I hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of my (our) knowledge. Your signature is required and indicates that you have read the above “ASSURANCES” and agree to the conditions. **Your signature also grants permission to the members of the Awards Committee the right to review your application, transcript, and recommendation letters.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature** |  |  |  |
| Type Your Name |  |  |  |
| Date Signed |  |  |  |
|  |  |  |  |
| **If Applicant is under the age of 18** |  |  |  |
| **Applicant Parent or Guardian Signature** |  |
| Type Your Name |  |
| Date Signed |  |

**Please check your final application package carefully. Incomplete applications may cause an application to be ineligible. Remember to keep a copy of the application and all attachments for your files.**

**Thank you!**