



2017/2018 OSAC SPARK APPLICATION FORM

Section 1

Arts Council: _____

Selected Performer: _____ **Quoted Fee:** _____

PA Coordinator: _____ SPARK Coordinator: _____

Daytime Ph: _____ Daytime Ph: _____

Evening Ph: _____ Evening Ph: _____

E-mail: _____ E-mail: _____

Signature: _____ Signature: _____

Section 2: Performing Arts Coordinator

How did the SPARK Coordinator come to your attention?

How would you describe the current youth engagement in the arts in your community? In the Arts Council?

What impact do you see the SPARK program having in your community? In the Arts Council?

Section 3: Spark Coordinator:

How did you hear about the SPARK program?
How and why did you select this artist?
What do you plan to do to get your peers out to attend this performance?
What skills or experiences do you have that you think will help you successfully present this artist?
What skills or experiences do you hope to gain by presenting this artist?
How would you describe the current youth engagement in the arts in your community? In the Arts Council?
What impact do you see the SPARK program having in your community? In the Arts Council?

****Final Grant Amounts will depend on the number of applications received****

Return to: Spark Coordinator Rosemary McCallum rosemary@osac.ca

NO LATER THAN NOVEMBER 25, 2016

