

ACADEMY OF SPECIAL DREAMS FOUNDATION WORKING ARTISTS FUND

\$500-\$1000 GRANTS

The Academy of Special Dreams Foundation has established a Working Artists Fund which is focused on the disabled adult artist who actively pursues a career or vocation in any artistic field and occasionally requires financial support to further that career or vocation. Individuals will be considered working artists if they earn at least part of their annual income in their artistic disciplines, consider their artistic endeavors as a career, maintain a level of artistic quality, and make a significant time investment in their artistic disciplines through practice, performance or production. Working artists must be 18 years or older and not a full-time student.

CRITERIA

1. Applicant must be a person with a disability and lawful resident of the United States. A written statement of the Applicant's treating physician or other medical provider describing the Applicant's disability must be furnished.
2. Applicant shall submit a portfolio of no fewer than 10 unique works of Art which will be featured on the Academy of Special Dreams Foundation website at www.specialacademy.org.
3. Applicant shall submit a written personal statement describing the Applicant's desire and commitment to art.
4. Application must be submitted by e mail to specialacademy@gmail.com and must reference "Academy of Special Dreams Foundation Working Artists Fund" in the subject line. Each application will be acknowledged promptly upon receipt. All notifications will be by e mail.

APPLICATION

Applications will be made available at the Academy of Special Dreams Foundation website at www.specialacademy.org. Each application shall include the following information:

1. A written personal statement not exceeding two pages about the Applicant's journey as an artist, including the Applicant's express commitment to continue as a working artist.
2. Applicant's contact information.
3. Applicant's Portfolio submission of ten (10) unique works of Art to be showcased in a virtual gallery hosted by the Academy of Special Dreams Foundation at its website at www.specialacademy.org.

4. Completed and signed Release permitting the Academy of Special Dreams Foundation to feature the Applicant's Portfolio submission on the website www.specialacademy.org.
5. Applicant's publishable quality photograph or headshot.

APPLICATION REVIEW AND DECISION

Each application will be reviewed by the Board of Directors of the Academy of Special Dreams Foundation. The Board of Directors will endeavor to respond to each Applicant within four (4) weeks after receipt of a fully completed application. The review of each application will be based primarily on the Applicant's express commitment to continue as a working artist.

The number and total amount of grants to be awarded by the Academy of Special Dreams Foundation will depend on the number of applications and the amount of funding.

Please print:

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country if outside USA: _____

Telephone Number: (____) _____ Today's Date: _____

E-mail Address: _____

Disability or Medical condition: _____

Educational Information

High School: _____

City: _____ State: _____ Year Graduated: _____ GPA: _____

College: _____

City: _____ State: _____ Hours Completed: _____ GPA: _____

Major / Intended Major: _____ Full-Time or Part-Time (circle one)

APPLICANT STATUS (please check one):

_____ Working Artist

_____ Art Student (High School, College, University, Art school)

Emphasis Interest (please check all that apply):

_____ Design

_____ Painting/Drawing

_____ Photography

_____ Sculpture

_____ Video, Animation

_____ Undecided

SPECIAL ACHIEVEMENTS/HONORS AND RECOGNITION

EXTRACURRICULAR ACTIVITIES/COMMUNITY INVOLVEMENT/EMPLOYMENT

CHECKLIST for application:

- This completed application form
- One-page artist's statement
- 10 image portfolio (CD format), with name & media (i.e.: ink, watercolor, photography)
- Statement of treating physician or other healthcare provider describing disability or medical condition