



2021-22 Next Generation Artist Residencies Program

Application Deadline: Friday, October 22, 2021

CONTACT	School Name: _____	Designation: <input type="checkbox"/> Magnet <input type="checkbox"/> Title I <input type="checkbox"/> School of Choice <input type="checkbox"/> FAMS School
	Principal: _____	
	Teacher (1): _____	Phone: _____
	Title: _____	Email: _____
	Teacher (2): _____	Phone: _____
	Title: _____	Email: _____

IMPACT	Area of Interest: (select all that apply) <input type="checkbox"/> Visual <input type="checkbox"/> Theater <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Literary Arts <input type="checkbox"/> STEAM <input type="checkbox"/> Other Cross-Curricular Arts Integration					
	Does your school currently have an active program in the selected area of artistic interest? <input type="checkbox"/> Yes <input type="checkbox"/> No (Only schools with Arts programs in area of interest eligible to apply.)					
	Project Participation (actual # of students involved in hands-on activity with artist)					
	<table> <tr> <td>Grade Levels: _____</td> <td># Individuals within Distinct Groups: _____</td> </tr> <tr> <td>Total # Classes: _____</td> <td><small>List an approximate # of the individuals represented in the following distinct areas: individuals with disabilities (ex. IEP or 504 Plan), below the poverty line, ELL designation or identified as at risk within MTSS.</small></td> </tr> <tr> <td>Total # Students: _____</td> <td></td> </tr> </table>	Grade Levels: _____	# Individuals within Distinct Groups: _____	Total # Classes: _____	<small>List an approximate # of the individuals represented in the following distinct areas: individuals with disabilities (ex. IEP or 504 Plan), below the poverty line, ELL designation or identified as at risk within MTSS.</small>	Total # Students: _____
Grade Levels: _____	# Individuals within Distinct Groups: _____					
Total # Classes: _____	<small>List an approximate # of the individuals represented in the following distinct areas: individuals with disabilities (ex. IEP or 504 Plan), below the poverty line, ELL designation or identified as at risk within MTSS.</small>					
Total # Students: _____						

PROJECT	Final Product/Outcome: _____
	Description: In 300 words or less, describe your proposed project and how it would enhance your existing curriculum. (Do <u>not</u> include general information or motivation for participation.)

How will the proposed project align with Next Generation Sunshine State Standards (NGSSS)?

In which specific areas does the proposed project intersect with 21st Century Learning skills?

<p>Critical Thinking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Information & Discovery <input type="checkbox"/> Reasoning <input type="checkbox"/> Asking Questions <input type="checkbox"/> Systematic Thinking <input type="checkbox"/> Identifying Missing Components <input type="checkbox"/> Exploring Facts vs. Opinions <input type="checkbox"/> Problem Solving <input type="checkbox"/> Interpretation & Analysis <input type="checkbox"/> Idea Synthesis <input type="checkbox"/> Application <input type="checkbox"/> Evaluation <input type="checkbox"/> Reflective Thinking <input type="checkbox"/> Constructing Arguments <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<p>Collaboration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaboration with Peers <input type="checkbox"/> Collaboration across Networks <input type="checkbox"/> Leadership <input type="checkbox"/> Personal Initiative <input type="checkbox"/> Responsibility & Productivity <input type="checkbox"/> Cooperation <input type="checkbox"/> Adaptability/Flexibility <input type="checkbox"/> Goal Setting <input type="checkbox"/> Working Together <input type="checkbox"/> Identifying Others' Strengths <input type="checkbox"/> Responsiveness & Constructive Feedback <input type="checkbox"/> Persistence/Grit <input type="checkbox"/> Self-Regulation <input type="checkbox"/> Social & Cultural Awareness <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Effective Listening <input type="checkbox"/> Open-Mindedness <input type="checkbox"/> Deliver Oral Presentations <input type="checkbox"/> Communicate Using Digital Media <input type="checkbox"/> Communicate Through Artistic Outcome <input type="checkbox"/> Engage in Conversations & Discussions <input type="checkbox"/> Communicate in Diverse Environments <input type="checkbox"/> Verbal & Non-Verbal <input type="checkbox"/> Empathy <input type="checkbox"/> Environmental Stewardship <input type="checkbox"/> Real-World Application <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<p>Creativity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Idea Generation <input type="checkbox"/> Brainstorming Multiple Solutions <input type="checkbox"/> Curiosity <input type="checkbox"/> Explore New Ideas for Inspiration <input type="checkbox"/> Idea Design & Refinement <input type="checkbox"/> Openness & Courage to Explore <input type="checkbox"/> Work Creatively with Others <input type="checkbox"/> Creative Production & Innovation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---	---	--

Present a tentative schedule for residency activities. This schedule is preliminary and may be modified as residency gets underway and schedule evolves.

Example:

CLASS TIMES	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5	
	Tuesday	Thursday	Tuesday	Thursday	Tuesday	Thursday	Tuesday	Thursday	Tuesday	Thursday
9:00 - 9:45	5 th Grp 1	6 th Grp 1	5 th Grp 1	6 th Grp 1	5 th Grp 1	6 th Grp 1	5 th Grp 1	6 th Grp 1	5 th Grp 1	6 th Grp 1
9:45 - 10:30	5 th Grp 2	6 th Grp 2	5 th Grp 2	6 th Grp 2	5 th Grp 2	6 th Grp 2	5 th Grp 2	6 th Grp 2	5 th Grp 2	6 th Grp 2
10:30 - 11:15	4 th Grp 1	4 th Grp 3	4 th Grp 1	4 th Grp 3	4 th Grp 1	4 th Grp 3	4 th Grp 1	4 th Grp 3	4 th Grp 1	4 th Grp 3
12:15 - 1:00	4 th Grp 2	4 th Grp 4	4 th Grp 2	4 th Grp 4	4 th Grp 2	4 th Grp 4	4 th Grp 2	4 th Grp 4	4 th Grp 2	4 th Grp 4

* Please note that BCA recommends to Teaching Artists that they be scheduled for no less than 3-hour blocks, unless they are able to agree to less.

Approximate # of in-classroom hours requested for residency: _____

Depending upon goals/needs of project, residencies can be assigned anywhere between 30-50 instructional hours.

Teaching Artist(s) with whom you are interested in collaborating*:

Teaching Artist bios and information can be found online. While BCA's website transitions to the new platform, please refer to this information on our old site: <http://bcaold.brc60.com/teaching-artists>

Artist #1 _____

Artist #2 _____

Artist #3 _____

If you have an idea for a residency but are not sure we have the artist you need, explain below:

Area where this artist will enhance applied teacher's expertise: _____

Are there any additional details about your students, program or school that you would like to share? _____

Further information: <https://www.artsbrevard.org/artist-residency>

Application Guidelines & Important Dates:

- Only non-charter schools with an existing arts education program in area of selected residency can apply.
- Participants must be students enrolled in the host school.
- Residencies are designed for students in 2nd grade and above.
- Schools must complete and submit the application no later than Friday, October 22, 2021.
- Selected schools will be notified on or about November 1, 2021.
- Residency activities must take place between November 1 – May 26, 2022.
- Selected programs must agree to meeting with the applied teacher, artist, BCA Education Manager and an administrative liaison from the school to discuss program goals, activities, schedule and evaluation.

APPLICATION DUE:
FRIDAY, OCTOBER 22, 2021
Email form to:
 julie.kinzey@artsbrevard.org

Selected Schools will receive:

- Between 30-50 hours of instruction from a pre-qualified BCA teaching artist
- Up to \$300 in materials, art supplies and/or software as needed
- Program coordination, support and evaluation

----- FOR OFFICE USE ONLY -----

Area:	<input type="checkbox"/> North	<input type="checkbox"/> Central	<input type="checkbox"/> South	Total School Enrollment:	
Level:	<input type="checkbox"/> Primary K-5/6	<input type="checkbox"/> Middle/Jr High	<input type="checkbox"/> Sr/High School	School ID:	