

**After School Arts Enrichment
Program Proposal**

City of North Charleston Cultural Arts Department
P.O. Box 190016, North Charleston, SC 29419-9016
Phone: (843) 740-5854 E-mail: culturalarts@northcharleston.org

Instructor: _____ Telephone: (H) _____ (W) _____

Address: _____

E-mail: _____

Class Title: _____

Age Group(s): **For children in Grades K5 – 5th**: Specify appropriate age groups for your class: _____

Category: Visual Arts Crafts Music Theater Dance Literary

Monthly Availability (check all that apply): September October November December January
 February March April May June

Class Schedule: Twice Weekly per School Site - Check your preferred days to teach: Mon/Wed Tues/Thurs

Time: 3:30 – 4:30 pm Total # of classes: 16 per 2 months per site List prep time if necessary: _____

Required Instructor's Fee for teaching the class: \$20/hour

Any level of experience required for students? Y N If so, in what area? _____

List 8 Projects/Formats for one month (8 classes, 2 times/week):

What specific skills will the student learn in this class? _____

List equipment needed for class (tables, chairs, easels, ect.): _____

Will students need supplies for the class? N Y If yes, indicate all options for purchase and list supplies:

Attach a current resume if you have one or you may use the enclosed Resume Form.

I understand that the North Charleston Cultural Arts Department will review class proposals and factors such as equipment and class feasibility will be considered. I also understand that the Cultural Arts Department has the right to accept, defer, or reject this proposal.

Instructor's Signature: _____

Date: _____