After School Arts Enrichment
Program Proposal

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

Address: _____

Email: _____

Proposed Category: Visual Arts____ Crafts____ Music____ Theater____ Dance____ Literary____

Description: _____

Age Group(s) for children in Grades K5 – 5th, specify appropriate age group for your class: _____

Class Schedule: Two (2) days per week for two (2) months per school site for a grand total of 16 classes except for the last session of three (3) months (March, April, and May).

Class Time: 4:00pm–5:00pm with an additional 30 minutes for prep and breakdown time. Total time each day = 1½ hours.

Instructor's Fee: $20 per hour

Monthly Availability (Check all that apply.): September ____ October ____ November ____ December ____

January ____ February ____ March ____ April ____ May ____ June ____

Preferred days to teach: Monday & Wednesday ____ Tuesday & Thursday ____

List a variety of class projects/formats for one month:

_____

_____

_____

_____

_____

_____

_____

Describe specific skills the student will learn in class: _____

_____

List school equipment needed (tables, chairs, easels, etc.):_____

_____

If needed, list the supplies required for each student and indicate optional sources for purchasing/collecting supplies:

_____

_____

Attach your current resume or complete and return 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: _____

City of North Charleston Cultural Arts Department
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