

APPLICATION - ARTISTS BEYOND BOUNDARIES

PLEASE CHECK: I have read and fully understand the FAQ section of this application.

For questions or help filling out this application, please contact Amber: amberf@accesstoind.org with the subject line "Artists Beyond Boundaries" or by phone at 608-242-8484



Name _____

Address _____

Phone _____

Email _____

ARTIST STATEMENT: Please share about yourself as an artist with a disability, and your inspiration as an artist. You may include a photo of yourself, if you choose. Feel free to attach an additional sheet if you need more room. _____





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TITLE	MEDIUM / DIMENSIONS
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CONSENT FOR PUBLICITY

Access to Independence (ACCESS) uses photographs, videos, and stories to let people know about the services provided and their impact. I (printed name) _____ give permission for Access to use my images, video or story for outreach and education. I understand that the information may be used in brochures, newsletters, on ACCESS'S website, social media platforms, and/or for other promotional and educational materials. I understand that I will receive no financial compensation for these uses of my image and/or story. I am signing under no pressure from any ACCESS staff member.

Signature _____ Date _____

Parent/Guardian Signature

Parent/Guardian Name (printed) _____

Signature _____ Date _____

