



Mailing Address:

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Location Address:

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Victoria, BC V8W 1N3
E-mail: bcartscouncil@gov.bc.ca
Website: www.bcartscouncil.ca

APPLICATION FORM 2017/18

PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

Will you have an overdue FINAL REPORT on a previous BC Arts Council Award as of the deadline date for this program?

NO You can continue

YES You are Ineligible to apply for this program

The information contained on this form is collected under the authority of the *Arts Council Act* (RSBC 1996) Chapter 19 and will be used for the purpose of administering the Professional Development Assistance Program. Any questions about the collection, use or disclosure of this information should be directed to the BC Arts Council using the above listed contact information.

APPLICANT INFORMATION (Please type or use black ink)

Legal Name _____
Last First Middle Initial

Address _____

City/Province _____ Postal Code _____

Telephone (day) _____ Telephone (evening) _____

Email _____

Artist Website (if applicable) _____

FOR BCAC USE ONLY: 30 03 ____

FILE # _____

APPLICATION DEADLINES

April 1, 2017
August 1, 2017
December 1, 2017

Social Insurance Number (Mandatory)

WORK

Employer (if applicable) _____

Current Position _____

Address _____

City/Province _____

Postal Code _____ Telephone (day) _____

I am a Canadian citizen

I am a Permanent Resident
(proof of legal status attached)

Resident of B.C. since:

Month (mm) _____

Year (yyyy) _____

Requested Amount Category 1 – up to \$2,500 maximum \$ _____

Category 2 – up to \$7,500 maximum \$ _____

Overall Project Expenses \$ _____

Dates of Project:

_____ to _____
 yyyy/mm/dd yyyy/mm/dd

Artistic Discipline: Dance Literary Media Arts Theatre Museums Music Visual Arts

Other _____

DECLARATION OF APPLICANT

I, _____ of the city of _____, in the Province of British Columbia, do solemnly declare that, to the best of my knowledge, the information given in this application is complete and true in every respect, and that I comply with all applicable requirements of the *Criminal Records Review Act*.

Furthermore I acknowledge that the personal information provided here is subject to the privacy provisions of the *Freedom of Information and Protection of Privacy Act* and that by signing this form I consent to its use as follows:

The personal information collected on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used to administer the BC Arts Council Professional Development Assistance program and process your application. Successful award recipients' names, resident location and amount of the award may be published in the Annual Report of the British Columbia Arts Council as well as in various communications and promotional vehicles of the British Columbia Arts Council and Government of British Columbia. Social Insurance Numbers will be disclosed to Canada Revenue Agency through the issuance of T4As. Any questions about the collection, use and disclosure of personal information should be directed to the BC Arts Council at the contact information listed on the top of this form.

Date (yyyy/mm/dd)

Signature of Applicant

THIS PAGE, WITH PERSONAL INFORMATION, WILL NOT BE SUBMITTED TO THE JURY

