

ART EDUCATORS OF NEW JERSEY  
GRANT PROPOSAL FORM  
COVER SHEET

**AENJ Student Art Enrichment Grant  
(1-11th Grade)  
Student Application**

**Date:** \_\_\_\_\_

**Art Teacher's Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**State:** NJ      **Zip Code:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**State:** NJ      **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Statement**

*50 words or less, indicating why they wish to attend this art class.*