



MICHIGAN CITY PUBLIC ART COMMITTEE
RON MEER, MAYOR

FINAL REPORT FOR CHILDREN'S ART INSTRUCTION

Please fill out all information with your child. In order to be considered for future scholarships, final reports must be completed and returned within 30 days after the final class to:

Jane Daley
Visit Michigan City LaPorte Convention & Visitors Bureau
4073 S Franklin St,
Michigan City, IN 46360

Name of Student _____

Age of Student _____ Date of Birth _____ circle one Male Female

Name of Parent / Guardian _____

Address (No PO Box) _____

Phone Numbers _____ Email: _____

Art Provider Information

Please fill out all the contact information for the instructor or class that you took:

Name of Class _____

Instructor or Name of Organization Hosting Art Class: _____

Please circle the response which you think most accurately fits the statements below.

4= strongly agree 3= agree 2=disagree 1= strongly disagree

- | | | | | |
|--|---|---|---|---|
| 1. The instruction has increased my interest in art. | 1 | 2 | 3 | 4 |
| 2. I plan to further my interest in art. | 1 | 2 | 3 | 4 |
| 3. My artistic ability has improved. | 1 | 2 | 3 | 4 |
| 4. I have benefited from the scholarship. | 1 | 2 | 3 | 4 |
| 5. I think scholarships benefit the community. | 1 | 2 | 3 | 4 |
| 6. The art instruction has been valuable. | 1 | 2 | 3 | 4 |

7. Describe how the scholarship benefited you.

8. Check all that apply.

- | | | |
|---|--|---|
| <input type="radio"/> The class was fun | <input type="radio"/> I broadened my horizons | <input type="radio"/> I had a positive experience |
| <input type="radio"/> I built friendships | <input type="radio"/> I gained confidence | <input type="radio"/> I built self esteem |
| <input type="radio"/> I learned a new skill | <input type="radio"/> I became more interested in the arts | <input type="radio"/> I looked forward to class |

9. Please attach a photograph of a project your child completed. If you do not have a camera, ask your instructor to take a photograph. You may email a photograph to jane@michigancitylaporte.com

I give my permission for my child (name & age) _____ to be photographed for use by the Michigan City Public Art Committee (MAC). I grant MAC the right to use the photograph for the purpose of promotional advertising and documentation. Parent/Guardian Name _____

Parent/Guardian
Signature: _____

Date _____