

# CULTURAL ARTS AWARD APPLICATION

## **Criteria**

Must be a Pompano Beach resident or organization

At least 5 years in an art program taking place within the City of Pompano  
Beach

## **Category**

Spoken Word

Theater

Dance

Visual Arts

Music

## **Submit with application:**

Letter of recommendation

Resume

Video up to 2 minutes in duration

**All applications must be submitted by August 30, 2017 5:00pm**

Email: [Shanquanette.Walker@copbfl.com](mailto:Shanquanette.Walker@copbfl.com)

Drop off or Mail: Emma Lou Olson Center

Shanquanette Walker

1801 NE 6<sup>TH</sup> Street

Pompano Beach FL 33060

# CULTURAL ARTS AWARD APPLICATION

BY: THE CULTURAL ARTS COMMITTEE

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Category/ Discipline: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you been a Pompano Beach resident or organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have at least five years in the arts programming within the City of Pompano Beach? \_\_\_\_\_ Establishment date: \_\_\_\_\_

If you answered yes to the above question please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you think your creative ability enhanced Pompano Beach?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What would winning the Cultural Arts Award mean to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What was your inspiration to get into the field?

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6. What accomplishment are you most proud of that you did artistically for our community?

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7. What is your vision for Pompano Beach Arts?

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