



QUILTWORKS:

A BRIGHT HOPES PROJECT

APPLICATION

APPLICATIONS ARE ACCEPTED ON A ROTATING BASIS. PLEASE PRINT THIS APPLICATION, FILL IT OUT, AND MAIL TO THE ADDRESS BELOW.

Organization name:

Address: (exact street address is not necessary at this time if safety is an issue)

Name of contact person:

Phone number:

Email:

Other contact information:

Please tell us about your organization:

Why would you like to have a quilting workshop?



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Is there anything we need to know about the physical or mental abilities of your clients to be able to design a workshop specifically for their needs? Who specifically would you like to have participate in the workshop. Please tell us how many, ages, general abilities, etc. (Please be sure to read the note about safety in the program information.)

We understand that your residents are temporary and in residence for only a certain number of days, weeks, or months. Please explain the specific situation at your organization. For how many weeks in a row would the participants be consistently available? How reliable will their attendance be?

What type of room or facility do you have for the workshop to be held in?

Do you have storage for equipment during the course of the workshop? If so, is there any security such as locks or being located in a staff only area?

Would your policies allow for a field trip to the fabric store?

If so, are your clients permitted to travel in an instructor's car? Do they have their own cars? Does your organization have a van, bus or other way of transporting participants?

Please give us an idea of dates, days of the week, and times of day that would be best for you to host a QuiltWORKS workshop.