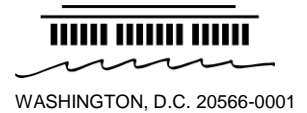


The Kennedy Center

THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS



To: Community Organization

From: Jeanette McCune, Assistant Director, Teacher and School Programs
Community Partnerships, Education Department
Phone: (202) 416-8825; Fax: (202) 416-4846
E-mail: jsmccune@kennedy-center.org

Re: Community Partnerships Outreach Ticket Application (2011-2012)

Date: August 1, 2011

Thank you for your interest in attending a Kennedy Center event during the 2011-2012 season. The mission of the Community Partnerships Outreach Ticket program is to provide access to Kennedy Center productions to organizations that serve youth (defined as birth through age 18) that have limited access to high quality arts experiences. Annual funding is limited and we generally receive more requests than we can accommodate each year. To increase the likelihood of receiving support, we encourage interested schools or organizations to submit an application on, or before September 30, 2011. We will continue to provide support throughout the year until all funds are depleted.

To be considered, a representative from your school or organization must complete the attached application **and** a one-page letter outlining the following information:

- Mission of organization
- Demographics of those whom you serve
- How the event you are requesting tickets for supports engagement in the arts for the youth you serve

The Community Partnerships Outreach Ticket program provides a \$550 scholarship towards the following:

- (1) Tickets for groups to attend a Kennedy Center Evening/Weekend Performance for Young Audiences. (Performance options can be viewed from our website at <http://www.kennedy-center.org/calendar/?fuseaction=searchGenre&genre=FAM>)
- (2) Tickets for school groups to attend a Kennedy Center School Day Performance. (Performance options can be viewed from our website at <http://www.kennedy-center.org/education/schoolguide/schoolguide.cfm>)
- (3) Tickets to a Kennedy Center main stage production within the 2011-12 season. (Performance options can be viewed from our website at <http://www.kennedy-center.org/calendar/?fuseaction=showAlpha>)

Please contact Community Partnerships staff at (202) 416-8803 or (202) 416-8825 with any questions you may have regarding the Community Partnerships Outreach Ticket program.

Attn: Education, Community Partnerships
Fax: 202-416-4846



Community Partnerships Ticket Outreach Program 2011-2012 Application Form for Support

School or Organization Information:

Name of School or Organization: _____

Hours/Days/Months of Operation: _____

Address: _____

Tax Exempt Number (if applicable): _____

Main Contact: _____

Title: _____

Main Contact Phone: _____ Fax: _____

Main Contact Email: _____

Demographics of Population Served:

Age Range: _____ Grade Level(s): _____

Accessibility Accommodations: Yes ___ No ___ If Yes, please explain: _____

Racial Distribution of Population:

Asian/Pacific	_____	White	_____	Free/Reduced Priced Lunch	_____
Black	_____	Other	_____	Special Needs	_____
Hispanic	_____	English Language Learners	_____		

Please select ONE option from the following types of programs, and then indicate your 1st, 2nd, and 3rd choices below:

Tickets for Youth & Families

_____ We are interested in receiving _____ (#) tickets to a Kennedy Center Performance for Young Audiences. (Check the Kennedy Center website at <http://www.kennedy-center.org/calendar/?fuseaction=searchGenre&genre=FAM> for information)

Tickets for School Groups

_____ We are interested in receiving _____ (#) tickets to a Kennedy Center School Day Performance. (Check the Kennedy Center website at <http://www.kennedy-center.org/education/schoolguide/schoolguide.cfm> for information)

Tickets for Main Stage Performances

_____ We are interested in receiving _____ (#) tickets to a Kennedy Center Main Stage Production. (Check the Kennedy Center website at <http://www.kennedy-center.org/calendar/index.cfm?fuseaction=showMonth> for information)

Performance Selections (based on the choice you listed above):

1st Choice: Event Name: _____ Date/Time: _____

2nd Choice: Event Name: _____ Date/Time: _____

3rd Choice: Event Name: _____ Date/Time: _____

Signature of authorizing agent

Title

Date