

# ASHEVILLE ART MUSEUM

2 South Pack Square | 828.253.3227 | [ashevilleart.org](http://ashevilleart.org)  
PO Box 1717 | Asheville, NC 28802-1717

## Adult Studio Class/Workshop Proposal

Please complete a separate form for each class/workshop to [kmcmillan@ashevilleart.org](mailto:kmcmillan@ashevilleart.org).  
Type or print in black or blue ink. You may also submit this form online at  
[ashevilleart.org/learn/adult-programs/adult-studio/adult-studio-proposal/](http://ashevilleart.org/learn/adult-programs/adult-studio/adult-studio-proposal/).

### Instructor Information

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mobile (preferred)  Home  Work

### Class/Workshop Information

Session

Fall  Spring  Summer

Year \_\_\_\_\_

Type

Class (multiple weekly meetings)  Workshop (one-day intensive)

Title \_\_\_\_\_

Short description (3–4 sentences, used for promotional purposes)

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Specific connection(s) to Museum's Collection and/or special exhibitions

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**Objectives** (List the goals/learning outcomes for students. You may also attach a separate sheet with a class/workshop syllabus or outline.)

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**Core subject alignment**  Painting  Drawing  Printmaking  Three-dimensional art  
 Intersections (indicate from subjects above: \_\_\_\_\_)

**Level**  Level 1  Level 2  Level 3

**Number/duration of meetings**

**Class**  4 meetings x 2 hours  6 meetings x 2 hours  8 meetings x 2 hours  
 10 meetings x 2 hours  Other (please specify \_\_\_\_\_)

**Workshop**  1 (circle # hours: 4 5 6 7)

**Class/workshop size** Minimum enrollment (# students \_\_\_\_ ) Maximum enrollment (# students \_\_\_\_ )

**Class/workshop location**  Asheville Art Museum  Other (please specify \_\_\_\_\_)

**Materials** (Attach a detailed list per student including quantities and approximate cost.)

Provided by instructor  Provided by student (approximate cost \$ \_\_\_\_\_ )  
 Provided by Museum (approximate cost \$ \_\_\_\_\_ )  Other (please specify \_\_\_\_\_)

**Availability** (Indicate when you are available to teach at the Museum.)

**Class**  Monday 6–8pm  Wednesday 6–8pm  Thursday 6–8 pm  Saturday 9 – 11am  
**Workshop**  Saturday 11am–6pm

**Additional information**

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FOR OFFICE USE ONLY	
<b>Proposal</b> Date received _____	<input type="checkbox"/> Application on file <input type="checkbox"/> Materials list <input type="checkbox"/> Schedule
<b>Contract</b> Sent date _____	Received date _____
<b>Notes:</b>	