



Artists Up MENTORLY SCHOLARSHIP APPLICATION

**denotes a required question*

ELIGIBILITY

1. Are you an artist residing in Washington state?*

☐ Yes ☐ No

2. Are you over the age of 18?*

☐ Yes ☐ No

3. Have you received a Mentorly scholarship in the past 12 months?*

☐ Yes ☐ No

4. Are you currently enrolled in a degree program (ex: pursuing a high school, college, or graduate degree)?*

☐ Yes ☐ No

5. Are you an artist currently practicing in one (or more) of the following disciplines?*

- | | |
|---------------------------------|-----------------------|
| • Arts Administration | • Literary |
| • Arts Education | • Multi-disciplinary |
| • Craft | • Music / Composition |
| • Dance / Choreography | • Public Art |
| • Film / Media | • Theater / Opera |
| • Folk / Traditional / Heritage | • Visual / Design |

☐ Yes ☐ No

CONTACT INFORMATION

6. First Name: * _____ 7. Last Name: * _____

8. Email Address: * _____ 9. Phone: * _____

10. Address 1: * _____

11. Address 2: _____

12. City: * _____ State: WA 13. Zip Code: * _____

14. County: * _____

15. Which of the following best describes the area you live in?*

☐ Rural ☐ Suburban ☐ Urban

16. What are your pronouns?

☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other: _____

MENTORSHIP INFORMATION

17. What creative discipline(s) do you practice? If your work crosses more than three disciplines, please select the three you practice most often.*

<i>Discipline</i>	<i>I solely/primarily practice</i>	<i>I also practice</i>	<i>I also practice</i>
Arts Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance / Choreography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film / Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folk / Traditional / Heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music / Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater / Opera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual / Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. To the best of your knowledge, how many hours per week do you spend working on your artistic practice?

- ☐ 0 – 4 hours
 ☐ 5 – 9 hours
 ☐ 10 – 14 hours
 ☐ 15 – 19 hours
☐ 20 – 29 hours
 ☐ 30 – 39 hours
 ☐ 40+ hours

19. What specific topics are you interested in exploring with a mentor?*

- | | |
|---|---|
| <input type="checkbox"/> Advocacy through Art and Social Practice | <input type="checkbox"/> Getting Feedback On Art |
| <input type="checkbox"/> Artistic Resources (Fabricator, Production, Etc.) | <input type="checkbox"/> Grant Applications, Public Art Commissions, and Selecting Work Samples |
| <input type="checkbox"/> Arts in Education | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Audience Development | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Project Planning and Management |
| <input type="checkbox"/> Budgeting, Contracting, and Financial Management | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Continuing Education and MFA Programs | <input type="checkbox"/> Publicity, Marketing, Branding, and Social Media |
| <input type="checkbox"/> Crafting An Artist Statement | <input type="checkbox"/> Strategic Planning and Goal Orientation |
| <input type="checkbox"/> Executive Coaching and Leadership | <input type="checkbox"/> Technical Training |
| <input type="checkbox"/> Facilitation | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Developing and Maintaining Partnerships: Organizations, Curators, Etc. | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Fundraising And Crowdsourcing | <input type="checkbox"/> Writing A Resume And Biography |
| | <input type="checkbox"/> Other (please specify): |
-

20. Which scholarship option are you interested in?*

- ☐ Working with an Artists Up-recommended mentor: Four, one-hour-long sessions with a Washington-based mentor who has been vetted by staff members at 4Culture, ArtsWA, and/or the Seattle Office of Arts & Culture.
☐ Working with another mentor on Mentorly: Four, one-hour-long sessions with a mentor who has 10+ years of professional experience.

20a. If you selected “Working with another mentor on Mentorly”, please let us know why you selected this option.*

MENTORSHIP INFORMATION (continued)

21. How will you complete your mentor sessions?*

- ☐ I have access to an internet-connected computer with a webcam at home
- ☐ I have access to an internet-connected computer with a webcam at work or another location
- ☐ I would prefer to come to the 4Culture, ArtsWA, or Seattle Office of Arts & Culture offices during normal business hours to complete my sessions
- ☐ I do not have access to an internet-connected computer with a webcam and cannot travel to Seattle or Olympia (someone will be in touch with you to find a convenient location in your area)

22. If you need or prefer to come to one of the agency offices, which location?

- ☐ 4Culture (101 Prefontaine Pl S, Seattle, WA 98104)
- ☐ ArtsWA (711 Capitol Way S., Suite 600, Olympia, WA 98504)
- ☐ Seattle Office of Arts & Culture (303 S. Jackson Street, Top Floor, Seattle, WA 98104)

APPLICATION INFORMATION

23. Is this your first time applying for a Mentorly Scholarship from Artists Up?*

- ☐ Yes ☐ No

24. Are you currently being funded by any program of the Office of Arts & Culture, 4Culture, and/or ArtsWA?*

- ☐ Yes ☐ No

24a. If yes, which program(s)?

25. Have you ever been funded by any program of the Office of Arts & Culture, 4Culture, and/or ArtsWA?*

- ☐ Yes ☐ No

26. How did you hear about this scholarship? Check all that apply.*

- ☐ From Artists Up's website, email, or social media
- ☐ From 4Culture's website, email, or social media
- ☐ From ArtsWA's website, email, or social media
- ☐ From the Seattle Office of Arts & Culture's website, email, or social media
- ☐ From another arts organization's website, email, or the social media
- ☐ From another non-arts organization's website, email, or the social media
- ☐ Word of mouth
- ☐ Other (please elaborate): _____

PERSONAL IDENTITY

Your answer to questions in this section will not be reviewed as part of your application (except in the event of a tie) but rather are to help us learn more about the communities that we serve through our programs so that we can continue to work towards making our programs more equitable. All questions are optional.

Artists Up recognizes that historically marginalized or underrepresented artists in Washington State—including artists of color, LGBTQ+ artists, artists with disabilities, artists who are new to the U.S. and Washington, mature artists, and low-income artists—have had less access to funding opportunities.

4Culture, ArtsWA, and the Seattle Office of Arts & Culture are all public agencies subject to public disclosure under the Washington State Public Disclosure Act (PDA:RCW 42.56). Personal data collected by Artists Up will be managed in a manner which shall be lawful, fair, and to the extent possible, with the knowledge and consent of the individual. To request a copy of the act by phone, contact the State of Washington Code Revisers' Office in Olympia at (360) 786-6777.

27. Which of the following would you use to describe your racial identity(ies)? Check all that apply.

- ☐ African American / African / Black
- ☐ Asian / Asian American
- ☐ Latina / Latino / Hispanic / Latinx
- ☐ Middle Eastern / North African
- ☐ Native / Alaskan Native / Indigenous
- ☐ Native Hawaiian / Samoan / Other Pacific Islander
- ☐ White / European
- ☐ Prefer not to say
- ☐ Different Identity (please elaborate): _____

28. Which of the following would you use to describe your gender identity?

- ☐ Female
- ☐ Gender non-binary and non-conforming
- ☐ Male
- ☐ Prefer not to say
- ☐ Different gender (please elaborate): _____

29. Which of the following would you use to describe your sexual orientation? Check all that apply.

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual or straight
- ☐ Pansexual
- ☐ Queer
- ☐ Prefer not to say
- ☐ Different orientation (please elaborate): _____

30. Do you identify as transgender?

- ☐ Yes ☐ No ☐ Prefer not to say

31. How long have you lived in Washington?

- ☐ Less than 3 years ☐ 3 or more years ☐ Prefer not to say

PERSONAL IDENTITY (continued)

32. What languages (besides English) do you speak at home? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese dialects (Mandarin, Cantonese, etc.) | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> French | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> German | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Another language (please elaborate): |
| <input type="checkbox"/> Spanish | |
-

33. Are you currently living with a disability that falls under any of the following categories? Check all that apply.

- ☐ Developmental and/or learning disability
- ☐ Motor and/or physical disability
- ☐ Social, emotional, and/or behavioral disability
- ☐ None of the above
- ☐ Prefer not to say
- ☐ Different disability (please elaborate): _____

34. What is your age?

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 40 to 49 | <input type="checkbox"/> 65 and older |
| <input type="checkbox"/> 25 to 29 | <input type="checkbox"/> 50 to 64 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 30 to 39 | | |

35. Through our conversations with artists, we have heard that some want more space to elaborate on their multiple and intersecting identities. Use this space to tell us more about who you are.

FINANCIAL NEED

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36. What is your employment status? Check all that apply.

- ☐ Employed full-time (40+ hours/week)
- ☐ Employed part-time (Less than 40 hours/week)
- ☐ Self-employed
- ☐ Unemployed
- ☐ Underemployed (employed but looking for additional work)
- ☐ Student
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to say
- ☐ Other (please elaborate): _____

37. Are you currently enrolled in any of the following programs?

- Multifamily Tax Exemption (MFTE) Subsidies
- Apple Health
- Medicaid
- Supplemental Nutritional Assistance Program (SNAP)/Basic Food
- Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- Orca Lift (or other reduced-fare transit programs)
- Refugee Cash Assistance
- Lifeline
- Disability Lifeline
- Social Security Disability Benefit

- ☐ Yes ☐ No ☐ Prefer not to say
- ☐ No, but I am enrolled in another income assistance program (please elaborate): _____

38. Is there anything you would like to add about your financial status and/or need?
