



Dear Friend:

The Violette de Mazia Foundation is pleased that you are interested in receiving information about our art education programs. The attached participation request form has been designed to provide us with basic information to begin the process of making a decision and planning a curriculum. We look forward to working with organizations where we can provide rich and unique opportunities for both children and adult learners.

To begin the process of requesting an In-Service Arts Training or Art Education for Young People program in your school or organization, please complete the participation request form below. You may e-mail this form to [info@demazia.org](mailto:info@demazia.org), fax it to 610-971-9961 or mail it to 400 E. Lancaster Ave., Suite 204, Wayne, PA 19087. The request will be reviewed by an advisory board where a decision will be made and written notification will be sent. Once your program is approved, a meeting will be set up with your organization.

We invite you to complete the attached form and explore a possible collaboration with the Violette de Mazia Foundation. Our courses teach students of all ages an approach to visual understanding that provides them with a unique lens for interpreting, understanding, and communicating what they experience. With the current level of funding cuts in arts programming, we are proud to be able to provide arts education to school districts throughout the region.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Ross L. Mitchell". The signature is fluid and cursive, with a long horizontal stroke at the end.

Ross L. Mitchell  
Executive Director



The Violette  
de Mazia  
Foundation

## Participation Request Form

### **Part I: Organization Information:**

Organization Name \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

### **Part II: Program Information:**

Target Population: Grade(s) \_\_\_\_\_ Proposed # of Students \_\_\_\_\_

Number of Supervising Staff Members Available for Class \_\_\_\_\_

Please list any specific student population this program must serve:

Program Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Program Hours: From \_\_\_\_\_ To \_\_\_\_\_ ; \_\_\_\_\_ times per: \_\_\_\_\_ week \_\_\_\_\_ month

### **Part III: Financial Information:**

Many of our classes for K-12 students are offered free of charge through the de Mazia Foundation's community outreach. What amount could your organization contribute to support our art appreciation classes? \_\_\_\_\_

Please mail, fax or e-mail your Request to Partner to:

**Violette de Mazia Foundation**  
**400 E. Lancaster Ave., Suite 204**  
**Wayne, PA 19087**  
**P. 610-971-9960 F. 610-971-9961**  
**info@demazia.org**