



Artist In Residence Grant Application

Sponsoring Chapter		
Address to send Check		
Advisor (Print & Signature)		Signature
Program Title/Designer		
Date (s) of Program		
Attendance		
Sponsor (s)		

Post AIR Program Questionnaire

1. How did the AIR Program meet your expectations?
2. Was the AIR Program topic presented in an understandable and organized manner?
3. Would you use this designer for future AIR Programs?
4. Please attach completed student questionnaires.

Return this form to the National Student Membership/AIR Chair:
 Lesleigh Cravens AIFD, CFD, PFCI
 University of Missouri
 1-31 Agriculture Building
 Columbia, MO 65201
 Ph: (573) 882-2625
 cravensle@missouri.edu

Chair Approval	Date
Amount Authorized	
Payable to:	



SAIFD
Artist In Residence
Student Questionnaire

1. Please rate the designer's performance:

	Excellent	Good	Average	Fair	Poor
Professionalism					
Presentation					
Product Use					
Educational Value					

2. How did the AIR Program meet your expectations?

3. Would you recommend the guest artist for future presentations? Why or why not.

4. What future programs would you like to see at your college?



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