

Mississippi Whole Schools Change Form



If you make a change in your project, complete this form and email it to wholeschools@arts.ms.gov. The form will then be sent to the Arts Education Director for approval. If you are unable to send via email, you may mail this completed form to:

Mississippi Arts Commission, Attn: Arts Education Director, 501 North West Street, Suite 1101A Woolfolk Building, Jackson, MS 39201

**Note - completing this form in your browser will not save your entries. Follow these steps - download and save this form to your desktop, complete the form and save again, email the completed form to wholeschools@arts.ms.gov

Name of Organiz	ation				
Application #					
Type the name of	your CURRE	NT Project Directo	or		
Type the name of	f your CURRE	NT Co-Project Dir	ector		
Type the name of	f your CURRE	NT Authorizing Of	fficial		
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Please Note: The I	Project Directo	r and Authorizing	Official cannot be liste	ed as the same person on your fo	orm.
Type the informat	ion for your N	·	Name Phone		- -
Type the informat	ion for your N	EW Co- Project D	irector Name Phone		
Type the informat	ion for your N	EW Authorizing O	fficial Name Phone		
In the space prov	ided, state the	reason you need	to make this change		
	bmitting this fo	orm, you agree tha		t the information is accurate to thand (if applicable) the Authorizin	
For internal use or	nly:				
		;	approved as written	approved with changes noted	not approved
Program Director:	Date:	Name:			
Grants Director:	Date:	Name:			
Systems Admin:	Date:	Name:			