

Wyeth Grant Form A
(completed by the author)

Author's Name:

Home address:

Office address:

Home telephone:

Office telephone:

Email address:

Fax:

Full title of book:

Name of publisher:

Author's signature: I certify that I am a member in good standing of the College Art Association. I hereby waive the right to see any confidential letter that may be solicited by the publisher or the jury in connection with this application.

Name

Date
