



RESIDENCY APPLICATION FORM

Date:

Artist Name:

Type of Art:

Address:

Telephone:

Email:

Website:

Please indicate your preferred residency period:

Jan-Mar 20__	Apr-May 20__	June-July 20__	Aug-Sept 20__	Oct-Dec 20__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate months you are unavailable:

Jan-Mar 20__	Apr-May 20__	June-July 20__	Aug-Sept 20__	Oct-Dec 20__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the name and contact information for two professional references:

Reference 1 Name:	Reference 2 Name:
Reference 1 Contact:	Reference 2 Contact:

Does your residency require a support stipend?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please attach a copy of estimated expenses (travel, food, etc.)

Please include the following with your completed application:

- Description of proposed residency project, including possible collaborations, exhibition, workshop, etc.
- A current curriculum vitae or professional resume
- Five (5) work samples
 - Digital work samples are NOT accepted unless you are a media artist. Media artists may send one (1) CD or DVD