

ACCESS ARTS' ARTIST-IN-RESIDENCE PROGRAM APPLICATION FORM

Name: _____

Address: _____

Email: _____

Website: _____

Phone: _____

When do you wish to start your residency?

Desired length of residency (check one):

3 months 6 months 9 months 1 year

Areas you wish to pursue during your residency (check all that apply):

Note: You must be self-sufficient in each medium you wish to pursue at Access Arts.

Acceptance to the program is contingent on self-sufficiency in at least one of these media.

Ceramics (specialty/area of interest) _____

Fibers (specialty/area of interest) _____

Printmaking (specialty/area of interest) _____

Digital Photography

Drawing

Painting (specialty/area of interest) _____

Other _____

In addition to completing this form, the artist must include the following material with his/her application:

- Cover letter describing your reasons for applying for this opportunity and how it would aid the Access Arts mission **and** your personal goals as an artist
- 10-20 Images of Previous Work (attach to email, provide URL, or include CD or DVD — these materials will not be returned)
- Artist's statement
- Detailed description of the project/work you wish to develop while in residency
- Resume (include detailed information on your previous experience with the media you wish to pursue at Access Arts and your community involvement)

Email this form and all required materials to Shawna@schoolofservice.org.