

Artist In Residence Program APPLICATION



name _____
address _____
city, state, zip, country _____
email _____
phone (*daytime*) _____ (*evening*) _____

Please check all residencies for which you are applying:

- autumn 2010 residency (between October 1 and mid-December)
- spring 2011 residency (between February 1 and late May)
- summer 2011 residency (between June 1 and late August)
- other _____

Preferred duration of residency:

- 4 weeks
- 8 weeks
- 12 weeks
- other _____

Artistic discipline(s): _____

Dates and locations of previous artist residencies: _____

How did you hear about the SAC residency program? _____

APPLICATION CHECKLIST

- completed application form
- 10 to 15 jpegs of recent artwork with image list providing titles, dates, media, and dimensions
- current résumé
- brief bio (150-200 words)
- 1-page letter indicating your interest and detailing the work you propose to do during the residency
- self-addressed, stamped envelope, adequate in size for return of materials

Mail completed materials to:

Residency Committee
Salina Art Center
PO Box 743
Salina KS 67402-0743

postmark deadline: 4-30-2010

notification: 7-1-2010

REFERENCES Please list three authorities in your field who are familiar with your work:

name _____ address _____
city, state, zip _____ country _____
email _____ phone _____

name _____ address _____
city, state, zip _____ country _____
email _____ phone _____

name _____ address _____
city, state, zip _____ country _____
email _____ phone _____