

APPLICANT INFORMATION

Full Name:

Preferred Name (if different):

Address:

City / State / ZIP:

Phone Number:

Email Address:

Website / Social Media:

Applicants must be able to pass a background check.

RESIDENCY TERM SELECTION

Residencies are offered in 4- 6 week segments, Or single day guest teaching artist

Preferred Residency:

☐ 4- 6 Week Residency

☐ Single Day Guest Teaching Artist

Preferred Month(s):

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

(You may select multiple months. Placement is based on availability.)

ARTISTIC PRACTICE

Primary Medium(s):

- ☐ Painting
- ☐ Drawing
- ☐ Sculpture
- ☐ Ceramics
- ☐ Fiber/Textile
- ☐ Printmaking
- ☐ Mixed Media
- ☐ Photography
- ☐ Digital/New Media
- ☐ Other: _____

Artist Statement (300–500 words):

What do you hope to explore or develop during this residency?

PORTFOLIO SUBMISSION

Please include:

- 5–10 images of recent work (JPEG or PNG)
- Website or online portfolio link (if available)

RELATED WORK EXPERIENCE

Previous Residencies (if applicable):

Organization | Location | Dates

Exhibition Highlights:

Teaching Experience:

Describe any experience leading workshops, classes, or community-based programming.

Experience Working with Adults with Disabilities:

Please describe relevant experience, training, or transferable skills that support inclusive collaboration.

WORKSHOP PROPOSAL & EDUCATIONAL ENGAGEMENT

4- 6 week Residents are required to:

- Teach one weekly workshop beginning the second week of residency
- Design workshops accessible to adults with disabilities
- Collaborate with staff to adapt curriculum as needed
- Work alongside a designated staff member to evaluate the educational outcomes of their workshop for grant reporting and program development

Please provide:

1. Workshop Proposal (150–300 words)
 2. Accessibility strategies you incorporate
 3. Learning goals of workshop attendees, and intended outcomes
 4. End of residency exhibition proposal of how you envision the result being displayed.
(If applicable)
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EQUIPMENT, TOOLS & MATERIAL NEEDS

For your workshop:

- What equipment, tools, or supplies will you require?
- Are there any specialized tools or adaptive materials needed?

For your personal artistic practice:

- Do you require any special equipment to produce your work?
- Electrical, ventilation, kiln access, large-scale installation needs, etc.

Please be specific so we can assess feasibility.

END OF APPLICATION