

# SAIR Application for Residency

Please complete both sections of application form and submit with your packet.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Artistic Discipline \_\_\_\_\_

How did you hear about the residency program?

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in other residency programs?  
Where/When?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have teaching experience with youths? Adults?  
Where/When?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three authorities in your field who know you and your work.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

My check (made payable to Artspace) is enclosed

Please bill my credit card

Card Type:  Visa  Mastercard

Card Holders Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## ALL SUBMISSIONS

1. Resume
2. Artist Statement & Biography
3. Description of proposed use of the studio time
4. Description of proposed exhibition
5. Class / Workshop descriptions for youths and adults (sample descriptions of classes you have taught before)
6. Enclosed application for residency (with name and contact information)
7. Submit a nonrefundable fee of \$25. Make check or money order payable to Artspace. DO NOT SEND CASH.

## Send materials to:

**Artspace : SAIR Program, 201 E. Davie St., Raleigh, NC 27601**