



goldwell open air museum artist residency application

Please fill out and include this form with your application materials.

Name:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Ph: _____

Other Ph: _____

Email:

Artistic Discipline:

Date of Birth:

This is an application for a (check all that apply):

Supported Artist Residency Workspace Residency Artist Project Grant

Goldwell Open Air Museum does not accept applicants who are not residents of the US and/or applicants who do not have a valid work visa through the period of the residency. Artists must have a Social Security number. Stipends awarded will be reported for tax purposes.

Please mark below which applies:

- I am a US Citizen
- I have US Residency status
- I have a valid work visa that runs through at least

Give a brief description of what you propose to work on while at Goldwell:

Please check the months you would prefer for a residency:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> JULY 2012 | <input type="checkbox"/> NOVEMBER 2012 | <input type="checkbox"/> MARCH 2013 |
| <input type="checkbox"/> AUGUST 2012 | <input type="checkbox"/> DECEMBER 2012 | <input type="checkbox"/> APRIL 2013 |
| <input type="checkbox"/> SEPTEMBER 2012 | <input type="checkbox"/> JANUARY 2013 | <input type="checkbox"/> MAY 2013 |
| <input type="checkbox"/> OCTOBER 2012 | <input type="checkbox"/> FEBRUARY 2013 | <input type="checkbox"/> JUNE 2013 |

Length of residency sought: Two weeks One Month Other

Artists/applicants must submit these materials electronically (in PDF form) to goldwell@goldwellmuseum.org:

- This application form
- 1-page project proposal
- 6-10 samples of artistic work created within the last two
- A current resume

Artist

Date