



2020 Artist in Residence Application

Please fill out this application in its entirety. Please email nina.doyle@woodstockschoolofart.org your intent to apply, a copy of the completed application, a CV or Resume, 10 images of work samples with an image list, by April 3, 2020.

Mail the completed application with \$25 application fee (make checks payable to Woodstock School of Art) to:

WSA Artists Residency Program
2470 Route 212
Woodstock, NY 12498

DATE: _____

NAME:

Applicant #1 _____

Applicant #2 _____

PHONE NUMBER:

Applicant #1 _____

Applicant #2 _____

EMAIL:

Applicant #1 _____

Applicant #2 _____

Residency Dates:

The 2020 residency has two sessions to choose from:

July 8 – 22, 2020

or

August 28 – September 11, 2020

1) Please indicate your primary visual arts discipline:

Applicant #1

Drawing

Painting

Applicant #2

Drawing

Painting

2) Please indicate any other disciplines you plan to engage in during your residency:

Applicant #1 _____

Applicant #2 _____

3) Have you previously attended WSA for any classes, workshops?

Applicant #1 _____

Applicant #2 _____

4) Please list other residency programs you have attended with dates. Indicate "none" if this is your first residency:

Applicant #1 _____

Applicant #2 _____

5) If you have a website, please include the URL here:

Applicant #1 _____

Applicant #2 _____

6) What are your basic requirements for living and working? (i.e. table or wall space, natural light, access to running water etc.):

Applicant #1 _____

Applicant #2 _____

7) Do you require specific equipment which you cannot transport or provide yourself and would expect to find available? Is it necessary for your project?

Applicant #1 _____

Applicant #2 _____

8) How did you learn about WSA Artist in Residence Program?

Applicant #1 _____

Applicant #2 _____

9) Bio: please include a brief artistic bio in paragraph form:

Applicant #1

Applicant #2

10) Please tell us any specific project(s) you may work on at WSA and/or describe personal goals for your residency and how this time will contribute to your work:

Applicant #1 _____

Applicant #2 _____

11) References:

Professional Reference: (please list name, phone number and email address)

Applicant #1 _____

Applicant #2 _____

11a) References:

Personal Reference (please list name, phone number and email address)

Applicant #1 _____

Applicant #2 _____

Please send the following items along with your completed application to:
nina.doyle@woodstockschoolofart.org

* 10 work samples

* Image list

* CV or Resume