

Application form for Artists in Residence at The Art Vault

Artist's Name (last) _____ (first) _____

Mailing Address _____

(City/ town) _____ (state) _____ (Postal code) _____

(country) _____

Email address _____

Telephone (day) _____ (evening) _____ (mobile) _____

Alternative contact (name) _____ (Tel.) _____

If someone else will be working with you on a collaborative piece or as a master printmaker or accompanying you as a partner please indicate:

(name) _____ (Tel.) _____

(name) _____ (Tel.) _____

(name) _____ (Tel.) _____

(name) _____ (Tel.) _____

Will you be requiring one or 2 residences? _____

If you are working with another artist or a master printmaker have you made arrangements with them about a possible collaboration and your payment to them?

Yes _____ No _____ Not Applicable _____

Preferred time of residency (e.g. March/April 2011 or Oct/ Nov 2011)

Please state the category or categories under which you are applying

Category 1 (paying artist in residence 1-2 weeks) _____

