



RESIDENCY APPLICATION **ARTIST-IN-RESIDENCE PROGRAM**

Indicate duration of residency: ___ 3 months ___ 6 months ___ 9 months ___ 12 months

Requested time for residency: _____

(Example: 3 mo-April/May/June 2010)

Please type or print legibly:

NAME: _____

First

Middle

Last

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

PERMANENT ADDRESS (IF APPLICABLE)

ADDRESS: _____

CITY, STATE, ZIP: _____

GALLERY CONTACT (IF CURRENTLY AFFILIATED WITH ANOTHER GALLERY)

GALLERY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

APPLICATION CHECKLIST: (REQUIRED MATERIALS)

Please submit your application in the following order

Indicating the items included:

- ___ One completed application form
- ___ CDs, DVDs, or scans of current artwork
- ___ Additional materials such as vitae reviews and catalogues.
- ___ Resume, including current exhibition history, bibliographic information, and brief artist statement

Please identify all materials with your name. Enclose a self-addressed stamped envelope with adequate postage if you would like the materials returned. Corning Center for the Fine Arts cannot be responsible for lost/damaged materials.

Open Application Deadline

Send completed application and materials to:

Corning Center for the Fine Arts, 706 Davis Ave, Corning, Iowa 50841

Questions: Please contact corningalumni@frontiernet.net 641-322-4736 or acedc@frontiernet.net 641-322-5229