

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- August, Sept, Oct) _____

Please TYPE OR PRINT LEGIBLY:

NAME: (FIRST, MIDDLE, LAST) _____

ADDRESS: (CITY,STATE,ZIPCODE) _____

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

EMAIL ADDRESS: _____

PERMANENT ADDRESS IF OTHER THAN ABOVE: (CITY, STATE, ZIPCODE)

GALLERY CONTACT (IF CURRENTLY AFFILIATED WITH ANOTHER GALLERY) _____

GALLERY NAME AND ADDRESS: _____

EMAIL ADDRESS: : _____

APPLICATION CHECKLIST: (REQUIRED MATERIALS)

Please submit your application in the following order Indicating the items included:

- One completed application form _____
- Website, 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 _____
- I agree to the apartment rental fee of \$300 per month plus \$200 utility fee per month=\$500/month paid the first of each month plus a \$200 security deposit the first month. I understand that the above rent includes the use of the gallery & studio area with agreed gallery attendant duties while working in the studio. _____

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. We also accept emailed applications if able to comply with providing all required 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 Linda Shearer (CCFA Board President) at fineartscorning@gmail.com 641-322-4736; or Lisa Glasgo 712-789-1076.