

# DORLAND

MOUNTAIN ARTS COLONY



## APPLICATION FOR RESIDENCY

### TYPE OF APPLICATION:

\_\_\_\_ 1st Time Applicant

\_\_\_\_ Returning Fellow      Date of Last Residency: \_\_\_\_\_      Number of previous residencies: \_\_\_\_

NUMBER OF WEEKS REQUESTED: \_\_\_\_ (minimum of one – maximum of 12).

### Beginning dates:

First Choice

Second Choice

Third Choice

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### RESIDENCY FEES: (US funds only)

\$30      Application Fee (First time resident only)

\$100      Security deposit is due at time of scheduling & will confirm your residency.

\$300      Per week

\$1000      Per four weeks. Payment is due with the returned Residency Contract. If payment has not been received within 30 days of scheduling, the cottage will go to another artist. There will be a \$50 fee for rescheduling or cancelation within 30 days of residency.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



MEDIUM / GENRE (check all that apply)

VISUAL ARTS: ☐ Mixed Media ☐ Painting ☐ Photography ☐ Sculpture ☐ Woodworking  
☐ Ceramics ☐ Digital Imaging ☐ Drawing ☐ Fiber Arts ☐ Film & Video  
☐ Metalworking ☐ Graphic Design

WRITING: ☐ Fiction ☐ Poetry ☐ Journalism ☐ Nonfiction ☐ Playwriting ☐ Screenwriting

MUSIC: ☐ Composition ☐ Performance ☐ Theory

COMPOSERS: Do you need a piano? ☐ (*One cottage has a piano*)

Will you bring an electronic keyboard? ☐

ACADEMIC: ☐ Art Conservation ☐ Art Education ☐ Art History ☐ Historic Preservation

OTHER: (Please Specify) \_\_\_\_\_

CAREER LEVEL: Do you consider yourself: ☐ Emerging ☐ Mid-Career ☐ Established/Professional

OTHER (Please specify): \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Add additional pages as needed)

1. What do you envision accomplishing during your residency?

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2. How did you learn about Dorland?

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3. Please list your three most recent professional achievements.

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4. What other artists' communities or retreats have you attended?

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**REFERENCES:** (First time applicants only) List below, the names and addresses of two people in your field who are familiar with your work and who have agreed to supply letters of reference on your behalf.

Please have them send or email the letters directly to Dorland, with your name in the subject line or send sealed letters with your application.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (Optional):**

\* Dorland would appreciate your furnishing demographic information. Providing information is not required; however, knowledge of this information assists Dorland as we measure how successful we are at making programs available to a broad group of applicants. Demographic information is provided to potential funding agencies upon their request.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Race/Ethnic Background: \_\_\_\_\_

\_\_\_\_ If I am accepted you may photograph me at work (at an arranged time), or use photos I submit for the sole purpose of marketing Dorland and I agree that you may publish these photos in print and online, for use in promoting Artist Residencies at Dorland. You may use a quote from me in the same manner.

\_\_\_\_ If I am accepted you may use my photograph and a quote on the Dorland Facebook page

"I acknowledge that I have read, understand and agree to abide by all terms, rules and regulations outlined in Dorland's Application Guidelines and Resident Agreements and Waivers."

SIGNATURE OF APPLICANT \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_ My \$30 non-refundable application fee is included.

