

DORLAND

MOUNTAIN ARTS COLONY



RESIDENCY APPLICATION

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. Make check payable to Dorland. For Credit Card/ Paypal contact us.

\$30 Application Fee (First time resident only)

\$100 Security deposit. Due prior to arrival.

\$300 Per week

\$1000 Per four weeks.

To secure your cottage and dates, the receipt of a nonrefundable deposit of 1/3 of the fee and the completed Residency Contract are required. Full payment is due within 60 days of arrival date. There will be a \$50 fee for rescheduling within 60 days of residency.

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: ____ County: _____ Zip: _____ Country: _____

Email Address: _____ Home Phone: _____

Cell: _____ Web Site: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

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?

2. How did you learn about Dorland?

3. Please list your three most recent professional achievements.

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



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: _____

DORLAND PUBLICITY

____ 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.

AGREEMENTS

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

SIGNATURE OF APPLICANT _____ DATE _____

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

