



RESIDENCY APPLICATION AND INSTRUCTIONS

APPLICATION INSTRUCTIONS

Provisional residency reservations may be made while you are applying. Contact us by email for availability.

Please read the entire Residency Information and Guidelines before beginning the application process.

Applications and supporting materials must be postmarked a minimum of 30 days prior to requested dates and are considered on a first-come, first-served basis. Please note that availability of dates for residencies changes constantly and dates often fill quickly. Candidates for residency are reviewed in order of Dorland's receipt of the completed applications.

Application Form must be filled out completely. Your signature on your *Residency Application* acknowledges that you have read and agreed with the *Residency Information and Guidelines*.

Send your application materials:

By mail to:	Dorland
	PO Box 6
	Temecula CA 92593
By email:	info@dorlandartscolony.org

CHECKLIST FOR SUBMISSION OF APPLICATION MATERIALS

RETURNING RESIDENTS

____ Send only the completed and signed *Residency Application* with current and updated information.

FIRST TIME RESIDENTS CHECKLIST (for your reference)

- ___\$40 Application Fee: US funds only. Make checks payable to Dorland. Pay with credit card or Paypal using our website page: www.dorlandartscolony.com/residency.html.
- _Completed and signed copy of the Residency Application.
- ___Resume reflecting your educational and professional experience.

Work Samples

- Email digital samples of recent work: 6-10 pages of writing, 3 visual art images, or 3 sound clips. Or, supply a website link which includes these samples.
- ___(Optional) Supply links to supporting materials such as press releases, reviews, catalogues or others.

References

- Two short letters of professional references are required. Include contact information for these individuals on the application. Choose individuals who are familiar with your creative work and who know you well enough to give a character reference.
- Signed and sealed references may be included with the application, or may be sent directly to Dorland by email or mail.

Note: All application materials and work samples are confidential and retained only for Dorland's use



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RESIDENCY AP	PLICATION	and an and the second s	DATE:		
TYPE OF APPLICATION					
1st Time Applicant	Returning Fellow Date of Las	t Residency:	Numb	er of Previous Residencies:	
NUMBER OF WEEKS R	EQUESTED: (minir	num of one – max	imum of 12).		
BEGINNING DATES:	First Choice	Second C	hoice	Third Choice	
	//	/	/	//	
PERSONAL INFORMAT	ION				
Name:					
				Country:	
				e:	
Cell:	Web Site:				
EMERGENCY CONTAC	г				
Name:					
Address:					
Work Phone:	Vork Phone: Cell Phone:				
MEDIUM / GENRE (check	c all that apply)				
WoodworkingC	lediaPaintingOil _ eramicsDigital Imaging ər:	DrawingF	Fiber ArtsFi		
WRITING:FictionF	oetryJournalismNonfi	ctionPlaywriting	gScreenwriti	ngOther	
MUSIC:CompositionPerformanceTheory Do you need a piano? (Two cottages have a piano)					
	ationArt Education/	-			
	···				
CAREER LEVELS: Do y	ou consider yourself Eme	erging Mid-Ca	reerEstabl	ished/Professional	
	FOLLOWING QUESTION	•			
1. What do you envision accomplishing during your residency?					
2 How did you learn abo	ut Dorland?				
2. How did you learn about Dorland?					

Mailing address: P.O. Box 6, Temecula, CA 92593 Physical Address: 36701 Highway 79 South, Temecula, CA 92592 (951) 302-3837 www.dorlandartscolony.org info@dorlandartscolony.org Please list your three most recent professional achievements.

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 your references 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:		Zip:	
	Email Address:			
2.	Name:	_ Relationship:		
	Address:			
	City:	State:	Zip:	
	Email Address:			
* Dorlar knowled	GRAPHIC INFORMATION * (Optional): nd would appreciate your furnishing demographic information dge of this information assists Dorland as we measure how s proup of applicants. Demographic information is provided to	n. Providing information is successful we are at makin	not required; however, g programs available to a	
Birth D	nate:// Age: N	lale: Female:		
Race/E	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 & Instagram 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 Instructions and Residency Information and Guidelines."

SIGNATURE OF APPLICANT		DATE
PRINTED NAME		
\$40 NON-REFUNDABLE APPLICATION FEE:	is included by check.	was paid through the website
Please send invoice for credit card payment the	rough Paypal.	