



# 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 should be submitted a minimum of 30 days prior to requested dates (exceptions are made) 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*.

- Apply online (preferred method) at <a href="https://www.dorlandartscolony.com/residency-application.html">https://www.dorlandartscolony.com/residency-application.html</a>
- Or send your application materials

By mail to: Dorland

PO Box 6

Temecula CA 92593

By email: <a href="mailto:info@dorlandartscolony.org">info@dorlandartscolony.org</a>

## CHECKLIST FOR SUBMISSION OF APPLICATION MATERIALS

# RETURNING RESIDENTS \_\_\_ Send 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,

# 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.

## \_\_\_\_(Optional) capply links to supporting materials such as press releases, reviews, catalogues of 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.



Rev 10/17/18



RESIDENCY APPI		DATE:					
TYPE OF APPLICATION: 1st Time Applicant Re	eturning Fellow Date of	Last Residency:	Numb	per of Previous Residencies:			
NUMBER OF WEEKS REQ	QUESTED: (n	ninimum of one – m	aximum of 12).				
BEGINNING DATES:	First Choice	Second	d Choice	Third Choice			
			//	/			
PERSONAL INFORMATION							
Name:							
Address:							
City:			Zip:	Country:			
Email Address:			Home Phor	ne:			
Cell:	Web Site:						
Name:Address:Email Address:		Но	ome Phone:				
Work Phone:		Cell Phone:	·				
Graphic Design Other:_ WRITING:FictionPoet MUSIC:Composition ACADEMIC:Art Conservation	iaPaintingO micsDigital Imagir tryJournalismNPerformanceTo onArt Education _	ngDrawing  NonfictionPlaywr  heory Do youArt History	Fiber ArtsF itingScreenwrit need a piano? Historic Preservation	ilm & VideoMetalworking  ingOther (Two cottages have a piano)			
OTHER: (Please Specify)							
CAREER LEVELS: Do you	consider yourself	Emerging Mid-	CareerEstab	lished/Professional			
PLEASE ANSWER THE FO		•	. •	•			
2. How did you learn about							

3. Please list your three most recent professional achievements						
4. W	/hat other artists' communities	or retreats have you	attended?			
are Plea	FERENCES: (First time applicant familiar with your work and who ase have your references send end sealed letters with your app	have agreed to sup or email the letters of	ply letters of refere	nce on your behalf	f.	
1.	Name:	Relationship:				
	Address:				_	
	City:		State	: Zi <sub>l</sub>	o:	
	Email Address:					
2.	Name:	Relationship:				
	Address:					
	City:		State:	Zip:		
	Email Address:					
* Do knov	MOGRAPHIC INFORMATION* rland would appreciate your furnis vledge of this information assists Ed group of applicants. Demograple	hing demographic info Dorland as we measure	e how successful we	are at making progra	ams available to a	
Birth	n Date://	Age:	Male:	Female:		
Rac	e/Ethnic Background:				_	
DOF	RLAND PUBLICITY					
sole	_ If I am accepted you may phe purpose of marketing Dorland romoting Artist Residencies at I	and I agree that you	may publish these	photos in print ar	nd online, for use	
	_ If I am accepted you may use	e my photograph and	d a quote on the Do	orland Facebook &	Instagram page.	
AGF	REEMENTS					
	cknowledge that I have read, ur and's <b>Residency Application</b>	•	_			
SIG	NATURE OF APPLICANT			DATE		
PRI	NTED NAME					
\$40	NON-REFUNDABLE APPLIC	ATION FEE: is	s included by check	was paid th	nrough the website	
	Please send invoice for credit of		•	·		

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