



RESIDENCY APPLICATION

TYPE OF APPLICATION:

Applicant						
g Fellow	Date of Last Resi	dency:	Num	ber of Previo	ous Residencies	:
WEEKS RE	QUESTED:	(minimum of one	e – maximu	m of 12).		
<u>tes:</u>						
Application Security de Per week Per four we not been re	Fee (First time reposit is due at time eeks. Payment is ceived within 30 ceived	ne of scheduling due with the retulation	urned Resid g, the cotta	dency Contra ge will go to	act. If payment h another artist. T	
NFORMATIO	DN:					
	State:	County:	Zi _l	o:	Country:	
Email Address:			Home Phone:			
	Web S	ite:				
CONTACT	:					
		State:	Count	ry:	Zip:	
s:			_ Home P	hone:		
		Cell Phone):			
	WEEKS REdites: FEES: (US descripted a per week Per four we not been rewill be a \$50 per medium) TONTACT CONTACT	WEEKS REQUESTED: tes: First Choice/ FEES: (US funds only) Application Fee (First time resecurity deposit is due at time Per week Per four weeks. Payment is not been received within 30 dwill be a \$50 fee for reschedum NFORMATION: State: Web See CONTACT:	WEEKS REQUESTED: (minimum of one tes:	WEEKS REQUESTED: (minimum of one – maximum tes: First Choice Second Choice / / FEES: (US funds only) Application Fee (First time resident only) Security deposit is due at time of scheduling & will confired Per week Per four weeks. Payment is due with the returned Resident on the been received within 30 days of scheduling, the cotta will be a \$50 fee for rescheduling or cancelation within 30 meteory. State: County: Zip Web Site: Home Per State: County State: County Web Per four weeks. Payment is due with the returned Resident of the provided Hermitian States Web Site: Home Per four weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment is due with the returned Resident Per weeks. Payment Per weeks. Paym	g Fellow Date of Last Residency: Number of Previous Number of	g Fellow Date of Last Residency: Number of Previous Residencies. WEEKS REQUESTED: (minimum of one – maximum of 12). tes:



MEDIUM / GENRE (check all that apply)							
VISUAL ARTS:Mixed MediaPaintingPhotographySculptureWoodworking							
CeramicsDigital ImagingDrawingFiber ArtsFilm & Video							
MetalworkingGraphic Design							
WRITING:FictionPoetryJournalismNonfiction Playwriting Screenwriting							
MUSIC:CompositionPerformanceTheory							
COMPOSERS: Do you need a piano? (One cottage has a piano)							
Will you bring an electronic keyboard?							
ACADEMIC:Art ConservationArt EducationArt HistoryHistoric Preservation							
OTHER: (Please Specify)							
CAREER LEVEL: Do you consider yourself: Emerging Mid-CareerEstablished/Professional							
OTHER (Please specify):							
PLEASE ANSWER THE FOLLOWING QUESTIONS: (Add additional pages as needed)							
1. What do you envision accomplishing during your residency?							
How did you learn about Dorland?							
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:			
* Doi requi at ma	ired; however, knowledge of this info	ing demographic information. Providi ormation assists Dorland as we meas I group of applicants. Demographic in	sure how successful we are	
Birth	Date:/ Age	e: Male: Female:	_	
Race	e/Ethnic Background:			
the s	sole purpose of marketing Dorland at se in promoting Artist Residencies a	aph me at work (at an arranged time) and I agree that you may publish these at Dorland. You may use a quote from photograph and a quote on the Dorla	e photos in print and online ne in the same manner.	
"I acl		tand and agree to abide by all terms, cation and the Residency Applicatio		
SIGN	NATURE OF APPLICANT	D	ATE	
I	My \$30 non-refundable applicatio	ni iee is inciuaea.		

