



# RESIDENCY APPLICATION

ALL RESIDENCIES ARE SUPPORTED BY A  
FELLOWSHIP AND WORK EXCHANGE PROGRAM

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Creative Discipline: \_\_\_\_\_

REQUESTED LENGTH OF STAY

REQUESTED DATES

Number of Days: \_\_\_\_\_ First Choice: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:**

- Two copies of the completed Application Form
- Signed Waiver of Liability
- Two copies of your professional resume/curriculum vitae
- Two personal and two professional references
- One page description of work you wish to undertake while at ARTCROFT
- Detailed requirements for working space, special needs and materials.
- Work samples (two or more). Artists – prints, slides or digital photos are accepted. Writers – if sending a chapter of a larger work, include a synopsis.
- If financial assistance is essential, please submit proof of need
- Proposal for participation in Community Arts Programming
- Proposal for Work Exchange - landscaping/gardening, general maintenance and/or cooking
- Check Payable to ARTCROFT FOUNDATION for \$30

SEND APPLICATION  
PACKAGE TO:

**ARTCROFT**  
2075 Johnson Road  
Carlisle, KY 40311

## TERMS AND CONDITIONS OF RESIDENCY

- ARTCROFT takes great care in the handling of documentation submitted but cannot be held responsible for loss or damage of submitted materials.
- ARTCROFT is not responsible or liable for the maintenance, upkeep, safeguard, care or custody of any creative output including works of art in any form produced by residents.
- ARTCROFT cannot be held responsible or liable for belongings, personal effects, accidents or injuries while in residency at the farm.
- ARTCROFT reserves the absolute authority to require any resident to depart upon receipt of written notice.
- I agree to be bound by the Terms and Conditions of the ARTCROFT Residency Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_