



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

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: _____