

ARTIST IN RESIDENCE APPLICATION FORM



Application deadline is 1st March of each year

TYPE OF APPLICATION (check where appropriate)

First visit Re-application for first visit Return visit

GENERAL INFORMATION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

HOME TELEPHONE _____ CELLPHONE _____

EMAIL _____

MEDIUM / GENRE

Literature

Visual Art

Music Composition

Media & Performance

Film & Video

DESCRIBE the work you would like to do at PADIES. We encourage artists to be inspired by the site and make site-specific work when appropriate. Consequently the execution of pre-determined projects are not an absolute necessity.

ONLY USE SPACE PROVIDED

STUDIO NEEDS

Please give a list of your specific needs

And specifically answer your needs for the following and what you will supply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Darkroom | <input type="checkbox"/> Editing facility | <input type="checkbox"/> Still Camera |
| <input type="checkbox"/> Video camera | <input type="checkbox"/> Piano | <input type="checkbox"/> Digital Sound recording equipment |
| <input type="checkbox"/> Electric keyboard | | |

APPROXIMATE SIZE OF WORK, or other specific studio, space or personal needs.
Please NOTE that PADIES may not be able to satisfy all Requests

You will supply: _____

WORKSHOP

WOULD you consider being part of a one day WORKSHOP with the public?
(This enables us to help meet our costs and to have the artist connect to the public directly in relationship to their work.)

- YES NO

EXPERIENCE SUMMARY - Highlight your most important achievements. ONLY USE SPACE PROVIDED

ALSO NEEDED TWO PAGE (maximum) RESUME & 2 LETTERS OF REFERENCE

ALL APLICATANTS are required to submit 2 REFERENT FORMS (downloadable from this site) directly to PADIES except for those who are invited directly by PADIES management.

NAME THE TWO REFERENTS 1. _____

2. _____

Referent letters should include the applicant's full name and the Genre.

DATES:

WHICH ARTIST IN RESIDENCE DATES INTEREST YOU?
DATES ARE FROM 1ST MAY - 31 OCTOBER of each year.

Please specify Dates and Lengths of visit. A MINIMUM visit is two weeks with a recommended MAXIMUM of eight weeks.
If more time is needed explain why.

PLEASE apply ONLY for amount of time you expect to be available.

- MAY JUNE JULY AUGUST SEPTEMBER OCTOBER

Date and Length of visit _____

PAYMENT OPTIONS

PAYMENT OF FILING FEE 37 Euro (non-refundable)
Pay online through our PADIES site with Pay Pal using either direct debit or a credit card.
(you do not need to have a Pay Pal account to use this service).

SEND SELF ADDRESSED POSTCARD FOR CONFIRMATION OF RECEIPT OF APPLICATION

SUBMIT FORM