RESIDENCY APPLICATION 2009/2010

Send application by mail to: Pilchuck Glass School, 1201 - 316th Street NW, Stanwood, WA 98292-9600, or fax to 360-445-5515

IMPORTANT: One residency per application. If applying for more than one residency, please use separate forms. Additional application forms available in .pdf format at www.pilchuck.com

APPLICANT INFORMATION

LAST NAME (PRINT and use line above) | First Name | Middle

Street address

City | State | Zip or Postal Code | Country

1. ( ) 2. ( )
Two Best Phone Numbers (Indicate Work, Home or Cell): | E-mail **REQUIRED**

REQUIRED *Alternate contact:* _____
Relationship/Name | Phone

BACKGROUND INFORMATION

School / Field of study

Highest degree / Year received

Current Occupation

REQUIRED Birthdate: (mm/dd/yyyy)

Also indicate: ☐ Male ☐ Female

TYPE OF RESIDENCY

Check only one.

☐ Emerging Artist in Residence

☐ John H. Hauberg Fellowship

☐ Professional Artist in Residence

EMERGING ARTIST IN RESIDENCE

SEPTEMBER 21 – NOVEMBER 13, 2009 ATTACH PROPOSAL

CHECKLIST
I have enclosed:

- ☐ Application form & US$45 fee
- ☐ Proposal
- ☐ 10 digital images on CD with description list
- ☐ Résumé / bio
- ☐ 2 letters of recommendation
- ☐ Catalogs, reviews, announcements

DUE MAR. 20 2009

JOHN H. HAUBERG FELLOWSHIP

MAY 4 – 15, 2009 ATTACH PROPOSAL

CHECKLIST
I have enclosed:

- ☐ Application form & US$45 fee
- ☐ Group Proposal

For each applicant:

- ☐ Name and contact information
- ☐ Résumé / bio
- ☐ 10 images on CD with description list
- ☐ 2 letters of recommendation
- ☐ Catalogs, reviews, announcements

DUE JAN. 16 2009

PROFESSIONAL ARTIST IN RESIDENCE

2009/2010 ATTACH PROPOSAL

☐ I am prepared to be financially responsible for all costs for this residency e.g., glass, consumed supplies and materials, utilities, housing and staff assistance.

☐ I will need campus housing

CHECKLIST
I have enclosed

- ☐ Application form & US$45 fee
- ☐ Proposal, including processes, technical staff and equipment required, and length of residency
- ☐ 10 digital images on CD with description list
- ☐ Résumé / bio
- ☐ 2 letters of recommendation
- ☐ Catalogs, reviews, announcements

ACCEPTED OCT – MAR

APPLICATION FEE (please print clearly)

☐ I have enclosed a check or money order for my (group's) US$45 application fee OR

☐ Charge the application fee to my credit card: ☐ MasterCard ☐ VISA ☐ AmEx

Number: _____ Expires: _____

EXACT Name on card: _____

Authorization number from back (Visa/MC) or front (AMEX) of card: _____

REMINDERS

If outside the US or Canada, allow 3 weeks for delivery.

Mail in plenty of time to meet the appropriate deadline!

FOR ASSISTANCE CONTACT THE REGISTRAR,
PATRICIA WATSON 360-445-3111 ext. 29
registrar@pilchuck.com

FOR OFFICE USE ONLY

_____ CDs received

_____ Required documents on file

_____ Contract sent

_____ Confirmed