

ARTIST-IN-RESIDENCY APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

EDUCATION/DEGREE: _____

MAJOR/FOCUS: _____

MINOR/FOCUS: _____ GPA: _____

ARTIST-IN-RESIDENCY PLAN/FOCUS: _____

MONTHLY RENTAL RESIDENCY (indicate months of preference): _____

ANNUAL RENTAL RESIDENCY (indicate months of preference): _____

Describe how you would contribute to the Butte community (200 words) and include it with this application.

Artist-in-Resident Signature _____

Date: _____