



CLAY
ART CENTER

40 Beech Street
Port Chester
NY 10573

Ph: (914) 937-2047 x 221

Fax: (914) 935-1205

RESIDENCY / FELLOWSHIP APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

MUST BE POSTMARKED ON OR BEFORE April 15th 2012

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

WEBSITE: _____

TWO REFERENCES:

NAME: _____

TEL NO: _____ EMAIL: _____

RELATIONSHIP: _____

NAME: _____

TEL NO: _____ EMAIL: _____

RELATIONSHIP: _____

Residency/Fellowship Application Checklist: (all hard copies to be mailed by due date)

- Completed Application Form
- Resume
- Artist statement
- 10 Digital images of work completed in last 2 year with image list
- Statement of interest

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a resident/fellow, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____

Date: _____

It is the policy of Clay Art Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in working with us.

MAIL APPLICATION TO:

RESIDENCY/FELLOWSHIP, CLAY ART CENTER, 40 Beech Street, Port Chester, NY 10573

www.clayartcenter.org