

Applicant Name: _____ Application Date: _____

GUSHUL STUDIO RESIDENCY PROGRAM
Faculty of Fine Arts, University of Lethbridge

GUSHUL STUDIO RESIDENCY APPLICATION FORM

I am applying to the _____ OPEN CALL GUSHUL STUDIO RESIDENCY

My preferred length of stay is:

_____ One-month _____ Two months _____ Three months _____ Four months

My preferred residency period is (month(s) and year(s)):

1st choice _____

2nd choice _____

My preferred facility (see Gushul Studio Residency Facilities and Fees for description and details) is:
Note: this does not apply for Canadian applicants to the International Exchange Residency Programs.

_____ Gushul Artist's Studio _____ Gushul Writer's Cottage _____ No preference

PART I – Applicant Information

Applicant Name _____

Mailing Address _____

Home Phone _____ Cell Phone _____

E-mail _____ Web Site _____

Are you a citizen or permanent resident of Canada?

_____ Yes

_____ No (please state your home country) _____

How did you hear about this residency? _____

Applicant Name: _____

Application Date: _____

PART II – Cover Letter

_____ Introduce yourself and your research / creative practice.

PART III – Proposal Statement

_____ A one-page statement that outlines what you hope to achieve during your residency period.

PART IV – Curriculum Vitae

_____ A Curriculum Vitae detailing your professional practice.

PART V – Letters of Reference (Optional)

Include two signed Letters of Reference with the application or arrange to have the letters sent directly to the Gushul Studio Residency Program. Please list the name, affiliation, phone number and email of the two references for your application. *Emerging artists or applicants who feel that letters of reference will strengthen their application may choose this option.*

1. _____

2. _____

PART VI – Support Material

_____ Support Material for Artists / Support Materials for Writers (See Residency Application Guidelines)

I have read and understand the residency program information and to the best of my knowledge the information I have supplied is true and accurate

Signature _____ Date _____

Send Applications to: art-techs-l@uleth.ca

Subject Line: GUSHUL STUDIO RESIDENCY PROGRAM APPLICATION

Further Contact Information:

T: 403-329-2089

<http://www.uleth.ca/finearts/departments/art/gushul-residency-program-artists-and-writers>