
SELF-FUNDED RESIDENCY APPLICATION

PERSONAL INFORMATION:

Name:

Address:

City:

State:

Zip Code:

Email:

Date of Birth:

EDUCATION:

School(s):

Degree(s) & Year(s):

REFERENCE:

Name:

Email:

Phone:

Relationship to applicant:

FURTHER INFORMATION:

Briefly describe your work:

After reviewing SAW facilities and grounds, which of SAW facilities could you best utilize?

How did you hear about our residency program?

Proposed dates of Residency:

RESIDENCY FEES:

Residencies can be any where from one week to four months in length. Artists receive room, board, studio and facility access. Artists may attend any of SAW's events. All of SAW's tools, equipment and facilities are available to artists including the carpentry shop and welding studio. For artists working in metal, glass or ceramics additional material fees may apply.

Residency fees are calculated at a rate of \$350 a week or \$1400 a month.

Residency Length:

Projected Cost:

Salem Art Works is able to offer a limited number of work-exchange opportunities to subsidize this cost. Interested applicants need to include a completed Work-Exchange Proposal (available on our website) with this application.

Applying for Financial Aid

ADDITIONAL REQUIRED MATERIALS:

1. A letter of intent, describing the work that will be done at SAW
2. 8 – 10 Digital Images, video recording, writing sample or CD with title sheet listing; title, size, medium and date completed.
3. Artist Statement
4. Resume

Send all materials to: Attn: Residencies, Salem Art Works, 19 Cary Lane, Salem NY 12865

To send by email: Send to Melissa@salemartworks.com . ALL documents must be clearly labeled with last name. Please send as .pdf attachments when possible. Label email subject "SAW Self-Funded Artist Residency Application".

The deadline for Artist Residencies is rolling. ALL applications must be complete. Material will not be returned.

Artists will be notified of acceptance approximately two weeks after their application is received. You will have one week to confirm your acceptance. Upon confirmation you will be asked for a 15% deposit on your residency fee and the remainder will be due upon your arrival. Cancellations must be made 30 days prior to the residency. No full refunds will be made after the start of the residency.

By signing this application I confirm that the information contained in this application is true and correct, that I have read and understood the program description, and that I have included all the requested materials.

Sign

Date