
WORK-EXCHANGE PROPOSAL

PERSONAL INFORMATION:

Name:

Phone:

Email:

FURTHER INFORMATION:

[The following questions may be answered on an additional piece of paper. Do not hesitate to contact the office to discuss proposal ideas.]

Please describe your desired residency at SAW and your need for work-exchange:

Please describe any special circumstances affecting your finances:

Please detail your skills/work/materials/projects you are prepared to provide in exchange for your residency.

TERMS OF EXCHANGE:

SAW requires an average of 5 hours of work for each day in residence.

Intended length of stay: _____

Percentage of fee hoped to be subsidized by exchange: _____

Balance due before work exchange: _____

Intended balance: _____

Artists will be notified approximately two weeks after their application is received. You will have two weeks to confirm your acceptance. Upon confirmation you will be asked for a 15% deposit on any residency fees requested and the remainder will be due upon arrival. No full refunds will be made after the start of the residency.

Please send this form with your Artist Residency Application.

By signing this application I confirm that the information contained in this application is true and correct.

Signature

Date