



# Application for Urban Art Residency

506 N. Center Street - Mesa, Arizona - 85201

[www.UrbanArtResidency.com](http://www.UrbanArtResidency.com)

Please complete this form and submit to [UrbanArtResidency@gmail.com](mailto:UrbanArtResidency@gmail.com) with the following in respective .pdf files for consideration.

## SUBMISSION REQUIREMENTS

- Provide an introduction to your work and a clear summary of your goals in residency
- Attach 10 images for review to include size, medium, date of completion
- Resume

Requested dates: \_\_\_\_\_

Note: We are committed to providing artists with a fulfilling and productive residency experience. Therefore, we have established a 5-day minimum for the residency to ensure that artists have enough time to focus on their creative process and engage with our community. We believe that this allows for a more meaningful experience for both the artists and our organization.

## EXECUTIVE SUITE

\$160 per night with a 5 night minimum

\*cleaning deposit included

2 week stay - \$1500 + \$75 cleaning deposit

1 month stay \$2800 + \$75 cleaning deposit

## BOXCAR SUITE

\$120 per night with a 5 night minimum

\*cleaning deposit included

2 week stay - \$1000 + \$75 cleaning deposit

1 month stay \$2000 + \$75 cleaning deposit

## PERSONAL INFORMATION

First name \_\_\_\_\_

Last name \_\_\_\_\_

DOB \_\_\_\_\_

Gender/Pronouns \_\_\_\_\_

Mailing address \_\_\_\_\_

Postal code/City \_\_\_\_\_

Country \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Website(s) \_\_\_\_\_

Social site(s) \_\_\_\_\_

*PARTICIPANTS FROM CERTAIN COUNTRIES MAY HAVE TO REQUEST A VISA AT THE U.S. EMBASSY OR CONSULATE IN THEIR RESIDENT COUNTRY. THE APPLICANT IS RESPONSIBLE FOR THE VISA PROCESS.*

**INSURANCE:** We recommend that you have viable healthcare, travel and liability insurance.

**TRAVEL:** Phoenix Sky Harbor International Airport [www.skyharbor.com](http://www.skyharbor.com)  
Phoenix-Mesa Gateway Airport [www.gatewayairport.com](http://www.gatewayairport.com)

**Please check the appropriate boxes and expand in email cover correspondence.**

- Are you seeking any specific resources or support from the residency program to aid in your project?
- Are there any specific equipment needs you will have during your stay?
- Do you have any medical conditions or mobility issues that the residency program should be aware of?
- Have you previously attended an art residency program? If so, which one, and how did you benefit from the experience?
- Are you able to pay any required fees or costs associated with the residency program?
- Do you agree to comply with the residency program's policies and expectations for artists in residence?
- Are you willing to participate in public programming or events hosted by the residency program?
- Do you agree to provide written or visual documentation of your work produced during your residency stay?

**By submitting this application and residency proposal, you agree to the terms and conditions stated in this document.**

**By signing below, You declare that you are mentally and physically fit to complete the project(s) you have proposed.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of submission: \_\_\_\_\_

*Please contact the Residence Coordinator with any accommodation requests.*

Lalena Brooks

Email: UrbanArtResidency@gmail.com

Phone: 602-786-8354