

# Rock Street Artist Residency Application

## Artist & Writer Residency 2024

\*Please fill this form out and attach to email to apply, [rockstreetartistresidency@gmail.com](mailto:rockstreetartistresidency@gmail.com)

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Please specify preferred pronouns.

\_\_\_\_\_ she/her

\_\_\_\_\_ he/him

\_\_\_\_\_ they/them

\*Street Address \_\_\_\_\_

Address line 2 \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_\_\_

\*Postal / Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_

\*Email \_\_\_\_\_

\*Discipline and /or style of work \_\_\_\_\_

2-D Artist \_\_\_\_\_

3-D Artist \_\_\_\_\_

Installation Artist \_\_\_\_\_

Fiber Artist \_\_\_\_\_

Photographer \_\_\_\_\_ Analog \_\_\_\_\_ Digital \_\_\_\_\_

Writer \_\_\_\_\_

Musician/Composer \_\_\_\_\_

Other \_\_\_\_\_

\*Are you applying as a couple or a team? No \_\_\_Yes \_\_\_

\*Social media link or website: \_\_\_\_\_

\*Please tell us about yourself and why you would like to attend this residency? \_\_\_\_\_

\*Please select or number your preferred 2 Week Residency Time Frame:

July 12-25 \_\_\_\_\_

August 9-22 \_\_\_\_\_

October 4-17 \_\_\_\_\_

\*I would also like to be considered for the Innovative Artist Grant. (Grants are limited.)  
YES \_\_\_ NO \_\_\_

\*I would like to be considered for any of the following residency years:

2026 \_\_\_\_\_

2027 \_\_\_\_\_

2028 \_\_\_\_\_

**Works Submission**

\*Please create and combine PDF: 5-10 images, writing samples and CV/Resume. Videos and audio submissions via file or link.

\*What are your studio needs?

---

---

---

---

\*Please choose one:

I am a first-time applicant. \_\_\_\_\_

I have applied previously. \_\_\_\_\_

I am a returning artist. \_\_\_\_\_

**Thank you for application!**