

# Rock Street Artist Residency Application

## Artist & Writer Residency 2025

\*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:

August 17-30 \_\_\_\_

November 23-December 6 \_\_\_\_

December 28-January 11 \_\_\_\_

\*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:

2025 \_\_\_\_

2026 \_\_\_\_

#### 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?

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\*Please choose one:

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

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

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

**Thank you for application!**