

Rock Street Artist Residency Application

Artist & Writer Residency 2024

*Please fill this form out and attach to email to apply, 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:

June 3-16 _____

July 8-21 _____

August 5-16 _____

December 9-22 _____

*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:

2024 ___

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?

*Please choose one:

I am a first-time applicant. _____

I have applied previously. _____

I am a returning artist. _____

Thank you for application!