# FLORIDA CULTURAL ARTS AND MUSIC HALL OF FAME

## Artist-in-Residence Program — Application Form

*Preserving and celebrating the arts and history of Florida's musicians, actors, playwrights, producers, and authors of African descent.*

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### Instructions

Thank you for your interest in the Florida Cultural Arts and Music Hall of Fame Artist-in-Residence Program. Please complete all sections of this application in full. Incomplete applications may delay review.

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## SECTION 1: APPLICANT INFORMATION

**Full Legal Name: _____**
**Stage / Professional Name (if applicable): _____**
**Date of Birth: ___ *Pronouns:* ___**
**Mailing Address: _____**
**City / State / ZIP: _____**
**Phone Number: ___ *Email Address:* ___**
**Website / Portfolio Link: _____**
**Social Media Handles (Instagram, Facebook, TikTok, etc.): _____**
**Emergency Contact Name & Phone: _____**

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## SECTION 2: ARTISTIC DISCIPLINE

Please check all that apply:

- ☐ Music (Vocal)
- ☐ Music (Instrumental)
- ☐ Dance
- ☐ Theater / Performing Arts
- ☐ Visual Arts
- ☐ Literature / Spoken Word
- ☐ Film / Media Arts
- ☐ Other: _____

**Years of Experience in Your Discipline: ____**
**Are you currently affiliated with any other arts organization, label, or agency?** Yes ___ No ___
If yes, please list: **_____**

## SECTION 3: ARTIST STATEMENT

**In 250 words or fewer, describe your artistic practice and how it connects to African Diaspora culture, heritage, or community impact.**

## SECTION 4: RESIDENCY PROPOSAL

**What project(s) would you like to develop or complete during your residency?**

**What are your specific goals for the residency period?**

**Preferred Residency Length:**
- [ ] 6 Months-
- [ ] 12 Months

**Do you require studio, rehearsal, or performance space?** Yes ___ No ___
If yes, describe your needs: **_____**
**Would you be willing to lead a community workshop, masterclass, or public engagement event as part of your residency?** Yes ___ No ___ Open to discussion ___

## SECTION 5: SUPPORTING MATERIALS CHECKLIST

Please attach the following with your application:

- ☐ Current resume / CV or artist biography
- ☐ Portfolio, demo reel, recording, or writing samples (link or files)
- ☐ Two (2) professional or academic references (name, relationship, phone/email)
- ☐ Headshot or promotional photo

☐ Letter of intent (optional but encouraged)

**Reference 1 — Name / Relationship / Contact: _____**
**Reference 2 — Name / Relationship / Contact: _____**

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# SECTION 6: ACCESSIBILITY & ACCOMMODATIONS

**Do you require any accommodations to fully participate in this residency (accessibility, scheduling, equipment, etc.)?** Yes ___ No ___
If yes, please describe: **_____**

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# SECTION 7: ACKNOWLEDGEMENT & SIGNATURE

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee selection into the Florida Cultural Arts and Music Hall of Fame Artist-in-Residence Program, and that selected artists will be required to sign a residency agreement outlining expectations, deliverables, and use of space/resources.
**Signature: _____ Date: ____**
**Printed Name: _____**

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## For Office Use Only

**Date Received: ___ *Reviewed By:* ___**
**Status:** Accepted ___ Waitlisted ___ Declined ___ Pending Further Review ___
**Notes: _____**

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