



Black C Art Gallery Artist in Residency Application Form

Please type or print clearly in blue or black ink and answer all questions completely. Include additional sheets and/or type on separate pages as necessary.

First Name Last Name Other names used

Current Address Valid through (date)

City State ZIP Code Country of citizenship

Current telephone number Main E-mail address

Permanent address

City State ZIP Code

Indicate which term(s)* & year you are applying for:

**Note the deadlines for each term as listed on the website and in the Residency Information Guide.*

Fall 20____ Spring 20____ Summer 20____

Do you plan to apply for stipend or grant funding as part of this residency?

Yes No Undecided

If so, from which organizations?

1. _____
2. _____
3. _____

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Availability Information

I am prepared and able to work the required number of hours (minimum of 20/week) as indicated in the residency description.

Yes No

Anticipated weekly availability (days/hours):

Education

List the university or institution where you completed your studies (if applicable).

University/Institution name	Location
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Type of degree, diploma, or certificate sought	Anticipated month/year of completion
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Major area(s) of study	Minor area(s) of study	Graduate or Undergraduate
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List the university or institution where you completed your studies (if applicable).

University/Institution name	Location
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Type of degree, diploma, or certificate sought	Anticipated month/year of completion
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Major area(s) of study	Minor area(s) of study	Graduate or Undergraduate
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Describe any research and/or projects undertaken that are relevant to this residency:

List other relevant skills or experiences:

References

Names of two persons with whom you have studied with or worked for whom will serve as references and have been asked for recommendation forms. These should be employment or academic references, not personal friends or relatives.

Name	Position
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E-mail address	Telephone number
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Name	Position
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E-mail address	Telephone number
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Criminal History

Have you ever been convicted of a crime, pled guilty or no contest to a crime, had adjudication withheld and/or prosecution deferred, driving under the influence, driving while intoxicated or other traffic convictions? If no, please enter N/A. If yes, please give exact dates and details:

Please tell us how you learned about this opportunity at Black C Art Gallery:

Signature

I authorize and release Black C Art Gallery to verify all information submitted in support of my application, including but not limited to my application and résumé. I certify that the application and/or résumé submitted are a complete and accurate description of my work experience, education and background. I further certify that the answers to the above questions are true and complete to the best of my knowledge. I understand that acceptance into the Artist in Residency program is contingent upon the results of a background check.

Signature

Date

You must include the following materials to complete your application.

- Résumé
- Cover letter
- Letter of intent (for residency project)
- Portfolio of recent work

If you are selected to move forward in the application process, we will request the following:

Two Recommendation Forms (the last two pages of this document)

With questions, please contact Susan Scannella, Gallery Creative Director, at info@blackcproduction.com.



Artist in Residency Recommendation Form
Application Deadlines: Fall – June 15, Spring – October 15
& Summer – March 15

NOTE TO APPLICANT: Provide this form to your recommender along with any additional information they may request. Fill in your name and check 1 box below to indicate how the form is to be returned.

Recommender, please return this form to:

- The applicant OR info@blackcproduction.com
Black C Art Gallery
111 SE 2nd Place
Gainesville, FL 32601

Applicant's Name

Reference Contact Information

First Name	Last Name		
Title	Organization/Affiliation		
Mailing Address	City	State	Zip
Telephone	E-mail		

Relationship to Applicant

Recommendations may be letters, short answers or bullet-points. Please address the following.

- How long and in what capacity have you known the applicant?
- How is this project significant to the applicant's educational and/or professional development?
- How would you assess the applicant's ability including: strengths, talents & seriousness of purpose?
- How does this candidate rank compared to others you have recommended for similar opportunities in recent years? Top ___% __ 10% __ 15% __ 25% __ 50%
- Please state any reservations you have about this applicant's ability to successfully complete this residency.

Signature of Recommender

Date



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Signature of Recommender

Date

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