

Please tell us what kind of visual art you create and the materials you will use during the residency in the box below



**Application Materials –Preferred** method for application submission is electronically, either by email to: [residency@weirfarmartcenter.org](mailto:residency@weirfarmartcenter.org) or by providing a link to files uploaded to a cloud drive such as Google Drive, YouSend It, Dropbox, or iCloud Drive.

Send physical applications and reference letters (see below) to: Applications, Weir Farm Art Center, 735 Nod Hill Road, Wilton, CT 06897.

**Be advised that materials will not be returned.** For any questions, contact us at: [residency@weirfarmartcenter.org](mailto:residency@weirfarmartcenter.org)

**Your application folder must include the following:**

- Non-refundable application fee of \$35. Use link on website to submit directly to Weir Farm Art Center’s PayPal account with any major credit card or PayPal or send check made out to Weir Farm Art Center with application.
- Application - one page
- Artist statement and/or Work plan - Please describe the work you plan to do at Weir Farm and how this experience will augment your professional development. Can be combined or separate – limited to 200 words
- Current resume
- 6 - 10 digital images in jpeg format. File size should not exceed 2MBs per image. Number and label each image with title, size, and media used. Do not put your name on individual images. It is sufficient to label the folder or CD that holds the images with your name and application deadline. (Ex.: Julian Alden Weir – July 15, 2015)
- You may include copies of reviews, catalogues or other support materials.
- 2 letters of recommendation (not required for past artists in residence) emailed to [residency@weirfarmartcenter.org](mailto:residency@weirfarmartcenter.org) sent by post directly from the person writing it to:

Recommendation for (Your Name), Weir Farm Art Center, 735 Nod Hill Road, Wilton, CT, 06897

These letters should address your professional capacity and suitability for a residency.

**Application Deadline** OCTOBER 10

Type of Application (check one): First Visit  Re-Application for First Visit  Return Visit  (Date of initial visit)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Optional Information:

Cell Phone: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Birthplace \_\_\_\_\_

**Preferred Visit Times:** Rank months in order of preference. All dates are in 2017.

Indicate any month that would **NOT** be acceptable.

**FEBRUARY** \_\_\_ **MARCH** \_\_\_ **APRIL** \_\_\_ **MAY** \_\_\_ **JUNE** \_\_\_

**JULY** \_\_\_ **AUGUST** \_\_\_ **SEPTEMBER** \_\_\_ **OCTOBER** \_\_\_ **NOVEMBER** \_\_\_

Dates/length of stay (2 Weeks - One Month) \_\_\_\_\_

Please provide the names and affiliations of your two references.

**Application deadlines also apply to letters of recommendation.**

1. \_\_\_\_\_
2. \_\_\_\_\_