

ARTIST-IN-RESIDENCE REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Studio/medium for which you are applying: _____

Name: _____

Current address: _____

Phone number(s): _____

Email address: _____

Permanent address (if different from above): _____

Signature

Date

TO BE COMPLETED BY REFERENCE

Please attach a letter with additional comments to this form

1. Knowledge of applicant:

What is your relationship to the applicant? _____

I have known the applicant for ____ years I have worked or taught this applicant for ____ years

Other: _____

2. Quality Rating of individual (in comparison with others you have worked with)

	Excellent	Very Good	Good	Average	Poor	Unknown
Self-motivation / initiative						
Adaptability / flexibility						
Emotional maturity						
Ability to interact with peers						
Ability to interact with supervisor(s)						
Community Involvement						
Dependability						
Stress tolerance						
Effective use of time						
Leadership						
Determination assertiveness						
Ability in field of interest						
Work habits						
Accomplishment within field of interest						

3. This residency requires full-time (at least 25 hours) attendance in the studio focusing on making work and 4 - 6 hours per week of duties to the studio (maintenance, group clean-up sessions, etc). Have you observed this applicant's ability to give full attention and energy to this kind of studio life? Please explain.

4. This Residency offers teaching opportunities. If applicable, please comment on this applicant's teaching abilities. Does this assessment come from direct or indirect observation?

5. Please add any comments you feel will help evaluate this applicant's potential as an Artist-in-Residence at the Worcester Center for Crafts. Feel free to attach a letter with additional comments.

Name of reference: _____

Title / position: _____ Institution: _____

Address: _____

Phone number(s): _____

Email: _____

Signature

Date

PLEASE SEND YOUR ELECTRONIC SUBMISSION TO:
tomalley1@worchester.edu

Use the Subject Line: AiR Reference - (applicant's name)
any questions please feel free to contact Tom O'Malley 508-753-8183 x304