

## ARTIST-IN-RESIDENCE APPLICATION FORM

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

Current address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent address (if different from above): \_\_\_\_\_

### PLEASE INCLUDE THE FOLLOWING IN THIS APPLICATION:

- An updated / current resume
- Artist statement
- 20 digital images of your work (sized to 800 x 600 at 96 dpi) with corresponding fact sheet (medium, process, size, date)
- A 1-page maximum statement about your present and future goals.
- A statement about your expectations for this residency, for yourself and the Craft Center. Please add any other information you feel represents you as an artist and potential member of the Craft Center community.
- A completed reference form with reference letter
- A list of two additional references with their contact information
- A \$25.00 non-refundable application fee

**APPLICATION DEADLINE: April 15, 2025**  
or until positions are filled

*The ideal Artist-in-Residence candidate has previous experience or education in their field, is self-directed, and is able to work independently. Candidates must also show a serious commitment to develop as a professional craftsman and the ability to work and be involved within the Craft Center's community.*

### PLEASE SEND YOUR ELECTRONIC SUBMISSIONS TO:

[tomalley1@worchester.edu](mailto:tomalley1@worchester.edu)

Subject Line: AiR Application

any questions feel free to contact Tom O'Malley 508-753-8183 x304

**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 03 hours) attendance in the studio focusing on making work and 2 - 4 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

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