



WOMEN'S
STUDIO
WORKSHOP

t) 845.658.9133 • f) 845.658.9031 • wsworkshop.org

Ora Schneider Residency Grant for Regional Artists

Name _____

Address _____

City _____ State _____ Zip _____

Country Code (international applicants only) _____

Phones: cell _____ home _____ work _____

E-Mail _____

Web site _____

Preferred time frame (Residencies are four consecutive weeks)

Available: *September–June*

Studio required (please circle primary studios)

etching

silkscreen

Application check list

- Signed application form
- Project description not to exceed 200 words
- Resume
- CD with ten images of recent work with an image script, which should include title, media, dimension, and date. Check our FAQ sheet for digital specifications (wsworkshop.org/_art_opp/faqs.htm).
- Applicants who do not want to receive decision information by EMAIL can include a Self addressed stamped envelope (SASE). APPLICATION MATERIALS WILL NOT BE RETURNED UNLESS REQUESTED and adequate postage and packaging material is included with the application.

Signed _____ Date _____

Print this form and include with your application package.

Mail to: Women's Studio Workshop

US mail: P.O. Box 489
Rosendale, NY 12472

UPS/Fed Ex: 722 Binnewater Lane
Kingston, NY 12401

Postmark Deadline: October 15 Notification date: January 31