



Studio Workspace Residency

The cost to recipients of this residency is \$200/week

Name _____

Address _____

City _____ State _____ Zip _____

Country Code (international applicants only) _____

Phones: cell _____ home _____ work _____

E-Mail _____

Web site _____

Preferred time frame (4 to 6 consecutive weeks)

- February–June
- September–January

Studio Required (*please circle primary studio*)

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.
- If awarded a Studio Workspace Residency, I understand and agree to pay workspace residency fees and materials costs associated with my workspace residency.
- 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 for Spring Studio Workspace: Oct 15
Postmark Deadline for Fall Studio Workspace: March 15

Notification Date: December 1
Notification Date: June 1