



Artist in Residence Application Form

(to be completed by the Artist)

Artist: _____ Phone: _____

Email: _____ Fax: _____

Art Specialty Area(s): _____

Availability: *Please circle the days and times that you are available*

(Days)	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
(Times)	Morning	Afternoon	Evening			

Biographical information: *Please attach your Curriculum Vitae and photos of your work if possible.*

Most Recent History of Showings/Performances:

Exhibition Title	Location	Date
_____	_____	_____
_____	_____	_____

Experience working with students from Kindergarten through Grade 5

Project Possibilities:

1. _____
2. _____
3. _____

Financial compensation will be negotiated prior to residency

Abbotsford School of Integrated Arts gratefully accepts art donations from Artists and pro-bono work.

Both help fund and inspire our fine arts community.

Artist Signature: _____ Date: _____