



Caribbean Museum Center for the Arts
 PO Box 1371 Frederiksted, V.I. 00841-1371
 Phone (340) 772-2622 fax (340) 772-2612
 Contact info@cmcartarts.org www.cmcartarts.org

Artists in Residence Program Application

Acceptance to the CMCArts Artists in Residence program is based upon an application review. Applicants must fill out the application form and return it with the appropriate information and a \$25 nonrefundable application fee. If applying as a collaborative group, there is a flat fee of \$60 for processing; however, each artist or writer must submit a separate application and work sample. (Checks payable to the Caribbean Museum Center for the Arts)

NOTE: As winter is in high demand here, April to August rates are designated "off-season"; see below.

RESIDENCY COSTS

Description - Artists can choose between a 1-bedroom and an efficiency courtyard apartment. Both apartments include a separate studio, are newly renovated and located on the second floor of the Museum Center. Waterfront gallery/workspace is available at times.

Minimum Residency: 2 weeks/Maximum length of stay: 2 months. How long will you stay? _____

Please check the type of residency you are interested in.

- Artist Retreat**
 Artist uses space as a sabbatical; contribution of artwork and time to either the Museum or community is voluntary. Exhibition is negotiable, depending upon nature & scope of work.

RATES per person (closed in September)
 ___ \$100.00/night (Efficiency) ___ \$150.00/night (One bedroom)

- Contributing Artist/Teaching Artist Residency – (teaching and exhibition discounts are closed out until October '09) You may apply for Fall of '09 & later, or to a waiting list for the 08-09 season.**
 See list on APPLICATION GUIDELINES for specifics. <http://www.cmcartarts.org/ArtResidency.html>

Applicant's Data (please type or print clearly)

Name _____

Date and place of birth _____

Permanent home address _____

City/State/Zip _____

Telephone _____ e-mail _____

Current mailing address (if different from above) _____

City/State/Zip _____

Preferred dates for Residency (please note the length of residency varies from 2 weeks to 2 months), apply at least 4 months prior to requested date). Sept.1 – Oct.15 not available. Residencies begin on Thursdays & end on Wednesdays.

In what artistic discipline or field are you applying? _____ (i.e.: writing, painting, installation, sculpture, film, etc.)

TITLE _____ **and**

DESCRIPTION OF PROJECT: On a separate sheet, please describe your work plans for your stay at the CMC Museum center. Please make **5 copies** and include:
 Event Format, including class syllabus & requirements, if you are teaching
 Any outside resources to be used for project?
 Target Audience
 Objectives (What does this project hope to accomplish?)
 How will project relate to humanities?

REFERENCES: Each applicant is responsible for requesting three letters of reference from qualified individuals who are familiar with his or her work. References may be included with the application or sent under separate

cover. Please indicate the name, affiliation and phone number of the three references from whom you have requested letters:

1. _____
2. _____
3. _____

PROFESSIONAL DOCUMENTATION: Please attach a current resume or vita providing: education history; awards, grants and fellowships received; artists' residencies attended; and a list of professional achievements in your field (exhibitions, publications, performances, recordings).

WORK SAMPLE: Please see online **APPLICATION GUIDELINES** for details. Note briefly here what you have included as your work sample: _____

WORK SAMPLE RETURN: Check one: () SASE enclosed. () Do not return work sample

How did you hear of the Caribbean Museum Center for the Arts? _____

Will you be having visitors? _____ (A two-night stay is acceptable, otherwise visitors have to pay a nightly fee.)

Pets are not allowed.

The information I have supplied on this application is true to the best of my knowledge and beliefs. I understand that the material submitted with this application (except the work sample) becomes the property of the Caribbean Museum Center for the Arts and will not be released to another party.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CHECKLIST:

FIVE copies (one may be online):
_____ Project Description

TWO copies (one may be online)
_____ Application Form
_____ Resume/Vita

ONE copy:
_____ References
_____ Work Sample/CD (may be online)
_____ Processing Fee

REFERENCES, WORK SAMPLE, PROCESSING FEE:

_____ Sent under separate cover
_____ Enclosed
_____ Other (explain)

SEND APPLICATION TO:
Caribbean Museum Center for the Arts
Artist in Residency Program
PO Box 1371
Frederiksted, V.I. 00841-1371