

Residency date/#: _____ Master Artist: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

(Your EMAIL must be included and current as all residency correspondence, including application results, will be via electronic mail.)

Education: College/University Name: _____

PhD MFA MA BFA BA AA/AS High School

Employment: Full Time Artist Artist w/ other employment Arts Administrator

College/University faculty Other (Specify) _____

How did you learn about Atlantic Center for the Arts Residency Program:

Website ACA Email Former Master Artist Artist-in-Residence Colleague

College/University Publication Other Online resource (Specify) _____

Demographic Information (for internal use only): Age: _____ Gender: _____

American Indian Asian Black, not Hispanic Hispanic Multi-Cultural

White, not Hispanic Resident of USA Non-Resident of USA

Additional Comments: _____

RESIDENCY FEES: If accepted as an Associate Artist, there is **non-refundable \$850 residency fee**. Associate Artists receive private room with bath, three meals per day / five days per week, along with 24-hour access to shared studio spaces and technology resources. Associate Artists are responsible for the costs of travel, and materials. All Artists are encouraged to apply. Financial Aid is available for accepted Associate Artists; forms can be downloaded online at www.atlanticcenterforthearts.org

Please include the following with this form:

A letter of intent, résumé or bio (*see Master Artist's Application requirements*)

Application materials requested by Master Artist (*see Master Artist's Application Requirements*)

SASE for return of your materials

\$25 application fee (*if paid via ACA web site, please include Pay Pal receipt*)

Please mail **ALL** Application materials to:

Atlantic Center for the Arts

Attn: Program Department

1414 Art Center Ave

New Smyrna Beach, FL 32168