



Please include: letter of intent, résumé or bio
materials requested by Master Artist
SASE for return of your materials
\$25 application fee

Mail to: Atlantic Center for the Arts
Attn: Program Department
1414 Art Center Ave
New Smyrna Beach, FL 32168

Master Artist you are applying to work with:

Residency date:

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:

Employment:

Employment Address:

City: _____ **State:** _____ **Zip:** _____

How did you learn about Atlantic Center for the Arts:

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