



# Application for Artist Residency

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Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Artistic Classification:            2-Dimensional            3-Dimensional            Photographer  
   Videographer            Writer            Poet

Have you explored the Catoctinair website?    Yes    No  
the CFA website?                                    Yes    No

For which residency are you applying?        Spring            Summer            Autumn

Please state your reason for applying.

How long have you been practicing your art?    \_\_\_\_\_ years

Have you exhibited or published? (please describe)

What is your level of formal and/or informal fine art education? (please describe)

If you sell your works, please state the range of pricing:

\$\_\_\_\_\_ to \$\_\_\_\_\_ per        painting        photograph        article        poem        minute of video.  
Please describe your paying customers.



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Have you received any recognition or rewards for your works? (please describe)

Please describe any affiliation with art galleries.

Please describe any artistic associations that you are or have been affiliated with.

Other comments about your works, your goals or your progress over the term of your experience:

Please attach four examples of your works that have been completed over the last two years labeled with the dates of completion. Please use the following digital formats: photos as jpeg, text as MS Word, videos as mpg. We will return or delete at your option all photos or video examples after using them for selection judging.

During your residency, please bring some examples of your work for display to visitors.

Check below to indicate that you understand and agree to the following:

- I am prepared to “rough it” during the period of residency.
- I am willing to donate a completed work generated during my residency.
- I am willing to accommodate visitors during my work sessions.
- I am willing to teach or demonstrate to groups of fine art students during my residency.
- I am willing to assume liability for personal injury or for the loss of articles during residency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed applications to:

Catoclin Mountain Park  
6602 Foxville Road  
Thurmont, MD 21788

CATO\_volunteers@nps.gov