

Residency Request Form Museum Healthcare Partnership

Please include the *Residency Request Form*, *Budget Worksheet*, and *Narrative Description* with your request.

Application Form: Please complete ALL fields by type or print *clearly* in ink

Organization: _____

House #: _____ **Senate #:** _____ ****Federal District #:** _____

Address: _____

City: _____ **State:** _____ **County:** _____

*****Full Zip:** _____ **Phone:** _____

Email: _____

Site Coordinator: _____

Artist (First Choice): _____ **Artist (Second Choice):** _____

Site Administrator: _____

Tentative Residency Dates: (MM/DD/YY): ____/____/____ to ____/____/____

Number of Residency Days: _____

Billing Person: _____

Billing Address: _____

Billing Phone Number: _____

Billing Email: _____

*House/Senate #: <http://www.legis.state.pa.us/>

*Federal District #: <http://congress.org/>

***Zip Code: <https://tools.usps.com/go/ZipLookupAction!input.action>

Narrative Description of Project: (Refer to planning guide)

Attach a narrative description of the proposed project addressing the points outlined in the Residency Planning Guide. Narratives *must* be typed in 10-12 pt. font and *no more than two singled sided 8.5 x 11" pages in length.*

Application Submitted By: (ALL signatures are required)

 Signature of Site Coordinator Date

 Signature of Artist Date

 Signature of Administrator Date

Please return completed forms to:
 SAMA, PO Box 9 Loretto, PA 15940

Phone: 814-472-3920 • Fax: 814-471-1151 • E-mail: loretto@sama-art.org

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