Residency Request Form
Museum Healthcare Partnership

Southern Alleghenies Museum of Art
P.O. Box 9, Loretto, PA 15940
p: 814-472-3920 / f: 814-472-4131
aie@sama-art.org or jcampbell@sama-art.org

Please type or print clearly in ink:

Organization/Site: _____

Mailing Address: _____

Residency Location (if different from above):_____

Site Coordinator: _____

Phone: (_____)_____E-mail address: _____

Artist: _____ Art Form: _____

Second Choice:

Artist: _____ Art Form: _____

Tentative Residency Dates: (MM/DD/YY) _____/_____/_____ TO _____/_____/_____

Narrative Description of Project: (Refer to checklist.)
Attach a narrative description of the proposed project addressing the points outlined in the Residency Planning Guide. Narratives must be typed and no more than two pages in length.

Application Submitted by: (all signatures are required)

_____
Signature of Site Coordinator Date

_____
Signature of Artist(s) Date

Checklist
Please include the following:

☐ Residency Request Form ☐ Budget Worksheet ☐ Narrative