

Women's Studio Workshop

Application

Artist's Book Residency Grant

Name _____

Address _____

City _____ State _____ Zip _____

Country Code (international applicants only) _____

Phone: cell _____ home _____ work _____

E-Mail _____ Web site _____

Residency is 8 weeks. *(please list preferred time frame)*

Available in: September-December, January-March, May-June

Materials budget *(please add an additional page if necessary)* _____

Studio required *(please circle primary studio)*

etching silkscreen papermaking letterpress darkroom ceramics

Project description *(no more than one page)*

Working title of project _____

Estimated edition size (we prefer 30-100) _____ Number of Pages _____

Book size _____ Page size _____

Application check list

- Application form
- Project description (2 copies)
- Structural dummy of project (please put your name on the dummy to facilitate jury review)
- Resume (2 copies)
- Materials budget (2 copies)
- Ten images of recent work with a slide script, which should include title, media, dimension, and date. Digital submissions are preferred. Check our FAQ sheet for digital specifications (wsworkshop.org/_art_opp/faqs.htm)
- Self addressed stamped envelope. If you do not wish your support material returned, please indicate this on your application and include business size stamped self addressed envelope for notification.

Print this form and include with your application package.

Mail to: Women's Studio Workshop

US Mail P.O. Box 489
Rosendale, NY 12472

UPS/Fed Ex: 722 Binnewater Lane
Kingston, NY 12401



PO Box 489
Rosendale, NY
12472

t) 845.658.9133
f) 845.658.9031

Must be postmarked by November 15

Notification date: February 1

wsworkshop.org