

Women's Studio Workshop

Application

Studio Residency Grant

Name _____

Address _____

City _____ State _____ Zip _____

Country Code (international applicants only) _____

Phones: cell _____ home _____ work _____

E-Mail _____

Web site _____

Preferred time frame (*Residencies are six consecutive weeks*)

Available: September-December, January-June

Studio required (*please circle primary studios*)

etching silkscreen papermaking letterpress darkroom ceramics

Application check list

- Application form
- Project description
- Resume
- 10 slides of recent work and slide list
- Self addressed stamped envelope

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

Must be postmarked by April 1
Notification date: June 1



PO Box 489
Rosendale, NY
12472

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f) 845.658.9031

wsworkshop.org