

## Faben Artist Fund

## Artist in Residence (AIR) Assistance Application

- 1) Please fill out this application as completely as possible. Attach another sheet as needed to respond to the questions, but keep it within 200 words.
- 2) Attach a copy of your residency acceptance letter.

Name:				
Street:			<del></del>	
City:	State:	Zip:		
Phone:	ema	il:	<del></del>	
Website:				
Residency Title:				
Residency Location:				
Residency Dates:				
Residency Organization: _				
Does the residency organiz	zation provide lodgir	ng, food/meals, su	pplies, and or transportat	ion?
If so, list each with the estin	mated value. (i.e., Lo	dging - \$350/week)	).	

Will you be given a stipend during the residency period? If so, how much?				
What expenses do you estimate you will incur for lodging, food/meals, transportation supplies for the duration of the residency? Please list by category (i.e., transportation, food/meals, and /or supplies) with an estimated cost (i.e., transportation - \$450).				
What are the obligations you will have to this residency? For example, teaching, judg lectures, donated artwork, open studio, community outreach or other requirements.	ing a show,			
Is there anything else you would like the Selection Committee to consider in evaluat request for assistance during your residency? (maximum 100 words).	ing this			