



**TRANSCULTURAL NJ: PUBLIC SERVICE ART PROGRAM  
COMMUNITY ARTISTS RESIDENCY TRAINING SERIES**

**ARTIST APPLICATION FORM**  
Application Deadline September 14, 2007

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Place of employment \_\_\_\_\_

Have you worked with an organization teaching or creating community artwork? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Residencies will take place between January 6, 2008 and April 19, 2008. The first three days of training will take place in November 2007.

1. What languages do you speak fluently? \_\_\_\_\_

2. Are you a licensed driver and have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_

3. What is your geographic preference for residency placement?

\_\_\_\_\_ North NJ      \_\_\_\_\_ Central NJ      \_\_\_\_\_ South NJ

4. What times are best for you to do community work? (Take into consideration the dates provided above)

\_\_\_\_\_ mornings \_\_\_\_\_ afternoons \_\_\_\_\_ after-school \_\_\_\_\_ evenings \_\_\_\_\_ weekends

5. When are you absolutely not available? \_\_\_\_\_

6. What is your artistic discipline(s)? \_\_\_\_\_

7. What other discipline(s) are of interest to you? \_\_\_\_\_

8. Why are you interested in collaborating with community organizations?

9. What would you hope to gain from participating in this program?

10. Besides your skills as an artist, what do you hope to contribute to this program?

11. Please describe any previous teaching and/or community involvement experience. (be sure to include a brief description of the participants)

12. How did you hear about our program? Can you recommend any other artists who we can reach out to?

## **CERTIFICATION**

I certify that I meet all eligibility requirements and that all information contained in this application and its attachments is accurate. I also understand that in applying for the TNJ:PSA Program I am agreeing to comply with all program's contractual terms and conditions. Unsigned applications will be considered incomplete.

## **ARTIST SIGNATURE**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed/Printed Name \_\_\_\_\_

Please return completed application along with résumé, and one set of a maximum of ten (10), minimum of five (5) recent art work (be certain to include the medium, size, date and title for each work, in Jpeg or tiff format), exhibit, performance promotional and marketing materials to:

Office for Academic and Public Partnerships in the Arts & Humanities  
Rutgers, The State University of New Jersey  
18 Bishop Place, Room 201,  
New Brunswick, NJ 08901  
Phone: 732-932-4302/4391  
Fax: 732-932-5218  
Email: [yilis@rci.rutgers.edu](mailto:yilis@rci.rutgers.edu)