

Kimmel • Harding • Nelson Center for the Arts

801 Third Corso
Nebraska City, Nebraska 68410

info@KHNCenterfortheArts.org
www.KHNCenterfortheArts.org
phone/fax 402 874 9600

Residency Application

Name: _____ Date: _____

E-mail(s): _____

Phone(s): _____ (h) _____ (c) _____ (w)

Address: _____

City, State & Zip: _____

Country & Code (if not USA) : _____

Discipline: _____ Composer _____ Visual Artist _____ Writer

Residency Period (check one below) Note that exact begin & end dates are on the web site:

____ Postmark deadline is September 1 for the following approx. January 1 – June 15 (Session 1)

____ Postmark deadline is March 1 for the following approx. July 1 – December 15 (Session 2)

Please check here _____ if you are a recent MFA grad applying for a Transitional Residency.

Please check here _____ if you are a Nebraska Artist. Briefly note your affiliation with the state:

_____ .

Number of weeks you are requesting: _____ 2 _____ 4 _____ 6 _____ 8

**Scheduling: Plan to arrive on a Monday (9-5) and depart on a Friday (by noon).
Select 1st & 2nd choices within the session dates indicated on the web site.**

First choice of dates: Monday, _____ to Friday, _____, 20__

Second choice of dates: Monday, _____ to Friday, _____, 20__

Roommate Preferences: If I should have an apartment mate, I would prefer: _____ a person of the same gender (or) _____ doesn't matter. For purposes of assigning apartment mates, please indicate your gender:
____ Male ____ Female

Relationship to Affiliated Persons: Are you in any way related to any of the Kimmel Foundation Board members, Kimmel Harding Nelson Center for the Arts Board members, jurors, or staff members listed below? ____ YES ____ NO. If YES, specify which individual(s) and your relationship(s).

Ken Anderson
Denise Brady
Santiago Cal
Bill Carroll
Gary Day
Aaron Fine

Pat Friedli
David Groff
Pat Holmes
Lu Marcotte
Darlene Mitchell
Koji Nakano

Amy Ruffo
Joe Ruffo
Wendy Ryan
Mary K. Stillwell
Ernie Weyeneth
Len Weyeneth

Susie Wirth
Suzanne Wise
Marvin Wood

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Have you applied for a residency with us before? ___ Yes ___ No. If yes, when? _____

Have you been an artist-in-residence with us? ___ Yes ___ No. If yes, when? _____

How did you hear about our residency program? _____

References: Provide contact information for two qualified individuals who are familiar with your work.

Name: _____ **Position/Relationship:** _____

Organization (if applicable): _____

Address: _____

City: _____ State: ___ Zip: _____ Country: _____

E-mail: _____ Telephone: _____

Name: _____ **Position/Relationship:** _____

Organization (if applicable): _____

Address: _____

City: _____ State: ___ Zip: _____ Country: _____

E-mail: _____ Telephone: _____

Additional Residency Work (This is not required for residency consideration.): If you are interested in undertaking additional residency work such as a public or school presentation, open studio, community or school art project, or workshop, please let us know below.

What age level do you prefer? ___K-6 ___Secondary ___Adults ___Seniors ___Doesn't matter
What are your limitations on the time frame required to undertake activities?

Mailed Application Checklist: See website for complete guidelines.

- 1. The signed and completed (two-page) application form**
- 2. RTF or PDF on cd of current resume or vita, no more than 5 pages.**
- 3. RTF or PDF of (1) artist's statement and (2) description proposed work and importance of residency to your career.**
- 4. Support materials for your discipline as outlined in the Guidelines section on the Residency page of our website.**
- 5. A check for \$25 payable to "Kimmel Harding Nelson Center for the Arts."**

Check your e-mail for acknowledgement that your application has been received and for award notifications. E-mails will be sent from a "@khncenterforthearts.org" address.

I certify that the information provided on this application form and the support materials submitted on disc(s) are true and correct.

applicant's signature _____ date _____