

# 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). If YES, you are still eligible to apply and relationship will not affect your application.

Ken Anderson  
Jenni Brant  
Bill Carroll  
Gary Day  
Ivan Elezovic  
Pat Friedli

David Groff  
Allison Hedge Coke  
Pat Holmes  
Greg Kosmicki  
Lu Marcotte  
Gary Rattigan

Eric Richards  
Lee Ann Roripaugh  
Amy Ruffo  
Joe Ruffo  
Wendy Ryan  
Samita Sinha

Ernie Weyeneth  
Len Weyeneth  
Susie Wirth  
Suzanne Wise

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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 \_\_\_\_\_