

# Kimmel • Harding • Nelson Center for the Arts

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## Lincoln Mayor's Residency Application: Two Two-Week Awards Granted Annually to one Emerging Visual Artist and one Emerging Writer working in Lincoln, Nebraska

**Postmark deadline is March 1**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
E-mail(s): \_\_\_\_\_  
Phone(s): \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Country & Code: \_\_\_\_\_

**Discipline:** \_\_\_\_\_ Visual Artist \_\_\_\_\_ Writer

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

- I am applying for Session 1 approx. January 1 – June 15  
 I am applying for Session 2 approx. July 1 – December 15

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

***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 \_\_\_\_\_