



1 MONTH ARTIST IN RESIDENCE @ THE FOUNDRY STUDIO & ART GALLERY

MUST BE A HIGH SCHOOL STUDENT (GRADES 9-12) AND RESIDENT OF CAROLINE COUNTY TO BE ELIGIBLE FOR THIS OPPORTUNITY. SELECTED INDIVIDUAL SHALL RECEIVE \$1000 CASH STIPEND & \$1000 COLLEGE ARTS SCHOLARSHIP (ENROLLMENT REQUIRED). ONE STUDENT SELECTED EACH YEAR.

Selected individual shall spend four weeks as 'Artist in Residence' at The Foundry. They will utilize studio space to create a unique body of artwork, using original ideas and mediums of their choice. Upon completion, their works will be showcased in The Foundry art gallery, with the opportunity for students to curate and display pieces themselves. They will be featured as an 'Artist of the Month' in Fall 2022 and may sell their artwork (optional). Supervised directly by CCCA Executive Director.

Privileges:

- Full use of 2nd floor artist office & studio classroom.
- Materials provided by CCCA. Must provide list 10 days before residency begins; budget TBD
- Laptop, wifi network, printer and other office equipment/supplies as approved
- Shared kitchen & bathrooms (The Foundry has no stove or showers fyi)
- 'Artist of the Month' (September, October or November 2022) including artist reception

Guidelines/Restrictions:

- Must complete residency during months of July & August (some flexibility allowed)
- Must spend at least 5 days (minimum 30 hours) in studio per week, for 5 weeks (keep track of time with journal & timesheet and submit to Executive Director each week)
- Artist must leave studio by 5pm each day (curfew); no keyholder privileges
- Must keep a clean studio (sweep, take out trash, wash tools, keep organized every week)
- Host one Open Studio, allowing the public to view works-in-progress. Explain creative process, including design, preparation and execution.
- Must donate one piece of artwork to CCCA, to be auctioned off to raise funds for next Artist in Residence program

APPLICATION

Student Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-Mail: _____

Parent's Name(s): _____

Parent's Address: _____

High School/County/State: _____

Primary Art Teacher (Drama, Photography, etc.), Phone #, E-Mail:

Art-Related Awards & Honors: _____

Art Courses Completed (High School, Private, Other): _____

Art-Related Extra-Curricular Activities: _____

Intended College Course(s) of Study in the Visual or Performing Arts: _____

Colleges/Universities to Which You Are Considering / Intend to Apply:

PLEASE NOTE BEFORE SIGNING:

By signing this application:

- You acknowledge that you have read and accepted the conditions outlined on this application.
- You authorize the CCCA to fully investigate and verify all information provided herein.
- You indicate your awareness that false statements may be sufficient cause to disqualify your application.
- You agree to accept the decision of the judges as final.
- You permit the CCCA to share your Artwork Portfolio and/or Video for promotional, educational, and archival purposes.

Student (Print Name)

Student Signature

Date

If student is under 18 years of age:

Parent/Guardian (Print Name)

Parent/Guardian (Print Name)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date