

# WINDGATE ARTIST-IN-RESIDENCE APPLICATION

## APPLIED DESIGN

Application Requirements:

- Completed Windgate Artist-In-Residence Application
- Current CV
- 20 examples of your work: slides, photographs or CD's. All materials should be numbered and marked with your name. Provide a separate contact sheet with your name and provide each numbered item with: title, dimensions, materials, date of completion and any further descriptive materials that will further explain the object. These materials will be returned only if you provide a SASE with your application.
- Official documentation of the minimum professional educational requirement: MFA or commensurate professional experience
- One Page Statement of Intent: Please provide a brief artist statement. Describe how your work addresses Applied Design. Include your present and future goals and your expectations for this residency. (Please attach separate sheet)
- References: Name and contact information of two persons who are submitting letters of recommendation. Please request that these be sent directly to Purchase College (same address as the application form).

Send this application form along with supporting materials and a \$50 check or money order payable to: Purchase College Foundation

Artist in Residence Program  
School of Art+Design  
Purchase College, SUNY  
735 Anderson Hill Rd  
Purchase, NY 10577



**Purchase College**

STATE UNIVERSITY OF NEW YORK

# WINDGATE ARTIST-IN-RESIDENCE APPLICATION

APPLIED DESIGN

## ARTIST INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

Citizenship: United States \_\_\_\_\_ Other \_\_\_\_\_ Visa Type \_\_\_\_\_

Academic Degree \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Semester and year for which you are applying  
\_\_\_\_\_ Open \_\_\_\_\_ Spring \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_

Will you require housing?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Relationship to reference \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Relationship to this person \_\_\_\_\_