



THE CREATIVE RETREAT AT MT. SAN ANGELO

OFFICE USE ONLY	
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FELLOWSHIP APPLICATION

Name _____ Field of Art _____
Last Name or Family Name First

Address _____ Home Phone () _____
_____ Work Phone () _____

U.S. County of Residence _____ Cell Phone () _____

Date of Birth _____ Gender F ___ M ___ Fax () _____

Website _____ Email _____

Current Employment _____

Application Period (Check Only One):

- Oct., Nov., Dec., Jan. _____ year **Postmark deadline: May 15*** (Notification by July 31)
- Feb., Mar., Apr., May _____ year **Postmark deadline: September 15*** (Notification by November 30)
- June, July, Aug., Sept. _____ year **Postmark deadline: January 15*** (Notification by March 31)

Within application period checked above, indicate specific dates available. (Be sure to indicate any flexibility you may have):

First Choice: _____ Second Choice: _____

Ideal length of residency (up to 2 months): _____

**You may apply for a residency after the deadline has passed. We will contact you only if the space you requested becomes available.*

Brief description of project during residency should be provided in the space below. Please do not exceed space provided. (Include any special studio requests; visual artists should indicate whether power tools or toxic materials will be used. The VCCA is a non-smoking facility.) _____

Artists are accepted at the VCCA without regard for their ability to contribute financially. The cost per day per resident is \$180. We request that a contribution of 25% to 50% (\$45-\$90 per day) be made by each artist when possible. If you are requesting a daily contribution of less than \$45, please note amount and special circumstances below.

_____ Requested daily contribution: _____

List the names and addresses of two authorities in your field who can comment on your work and your capacity for living in an artists' community. Please ask your references to write us directly within one month after the application deadline.

If you have been in residence at other artists' communities, please give us the location and dates of your latest residencies.

Please indicate if you have previously applied to the VCCA: YES, I have applied before. NO, this is my first application to the VCCA.

How did you hear about the VCCA? _____

Application Checklist:

- 3 copies of the application form
- 3 copies of a current résumé
- Please e-mail to vcga@vcga.com a short paragraph, written in **third person**, highlighting your professional achievements (publications, exhibitions, performances, commissions, etc.) **200 words maximum**. In this email, be sure to include your name and the period for which you are applying. Also, you **must** include three copies of this paragraph with your application (remember to include your name and residency period). This is in addition to your résumé and is a required part of your application.
- 3 copies of work samples (see below)
- Self-addressed envelope with sufficient postage for return of work samples
(Envelopes should be large enough to accommodate samples. The VCCA cannot be responsible for the loss or damage of work samples.)
- DO NOT return my work sample.
- \$25 application fee (Please note that an additional fee of \$30 will be charged for returned checks.)

WORK SAMPLE REQUIREMENTS

WRITERS: Your writing sample should be representative of the genre in which you would be working at the VCCA. Works-in-progress may be submitted but should be accompanied by a sample of finished work. Please submit **three** sets of the following: (a) six to ten poems, or (b) up to two short stories, or (c) the first chapter or twenty pages of a book, do NOT send a complete book, or (d) a script of a complete work.

VISUAL ARTISTS: Send **three** sets of the following: (a) up to six color slides or digital images (72 dpi) of recent work, and (b) corresponding sheet listing images by title, medium, size, and year work was completed. Number each image and identify with your name. For slides: indicate TOP clearly; submit slides with standard mount for use in a carousel projector; please send each set of six slides in a separate slide sheet. For digital images: images should be in standard jpg format and accompanied by one printed color image that represents the submitted work.

COMPOSERS: Send **three** sets of the following: (a) up to three scores (include dates completed), and, if available, (b) a corresponding cassette or compact disc of the work labelled with title, your name, duration of composition, and date of composition.

NEW GENRES (Video, film, installation, performance, conceptual art, interactive multi-media, and related work): Submit **three** sets of the following: video (VHS, standard American format NTSC only) or DVD, slides, digital images, print materials, or a web-site URL. Select materials using guidelines above. Video-tape should be cued to a six-minute segment or the starting point of the DVD should be indicated; all media should be labelled with title, your name, duration of piece and date. It should be accompanied by a description sheet of no more than one page contextualizing the segment. Label all materials with your name.

NOTE: Collaborators must submit separate applications and fees.

All information should be submitted in English.

A non-refundable filing fee of \$25 is required with the application. Please make check payable to the VCCA. A separate application form and filing fee must be submitted for each period for which you apply.

Your signature on the line below confirms that all information provided by you in connection with your application to the VCCA is true and accurate.

Applications are not accepted by fax or e-mail.

Please address all correspondence to:
Admissions Committee
154 San Angelo Drive
Amherst, VA 24521

Your signature

Virginia Center for the Creative Arts
154 San Angelo Drive, Amherst, Virginia 24521
Phone (434) 946-7236 - Fax (434) 946-7239
e-mail vcga@vcga.com
Please visit our website at www.vcca.com