

Harrison School for the Arts Residency Application for Artists

Name	Medium/Art Form		
Street Address	City	ST	Zip
Phone	Email		

Reference #1

Name	Phone	Email
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Reference #2

Name	Phone	Email
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Reference 3

Name	Phone	Email
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Narrative (please describe your residency plan in the space provided) OR please submit separately (no more than 2 typed pages)

Art Disciplines Impacted at Harrison

Creative Writing	Guitar	Musical Theatre	Theatre - Acting
Chorus	Jazz	Orchestra	Theatre - Technical
Dance	Motion Picture Arts	Piano	Visual Arts

Residency Plan Timeline – In the space provided, please list a time-line of the plan including number of student contact hours.

List Items Resources Needed To Implement the Residency Plan:

Will students need to be transported off-campus to fulfill any of the residency requirements?

No Yes If yes, please list where students would be transported:

List of Plan Deliverables – How/What will be accomplished at the conclusion of the residency?

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Application Checklist

Application Complete

W-9 Provided

Resume Attached/Provided

Background Check Completed