



## ARTIST RESIDENCY APPLICATION 2017-18

Submit all four pages of this completed application to VSA Wisconsin:

Email: [megwyn@vsawis.org](mailto:megwyn@vsawis.org)

Mail: 1709 Aberg Ave., Suite 1, Madison, WI 53704

(If you need assistance please call 608-241-2131.)

Today's Date: \_\_\_\_\_ # Program Hours Requested:  10  20  30

Art Form Requested:  visual art  music  movement  drama  creative writing

Please check the appropriate fee for the program you are requesting:

\* If your site is in need of a scholarship, please check the box below and indicate the financial commitment that can be made.

The fees listed below are subject to change.

\$450 (10 hours)  \$900 (20 hours)  \$1350 (30 hours)  other: \$\_\_\_\_\_  Scholarship Required

\* If your application is approved for a VSA Wisconsin Artist Residency, you agree to pay the program fee per classroom. **Your site will be invoiced at the start of the residency; payment must be made within 30 days of the first session.**

Submitted by (Agency/School): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*Contact Person:** \_\_\_\_\_

Name and Title

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Administrator:** \_\_\_\_\_

Name and Title

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*My signature (or typed name) confirms that I supplied the responses on this form using my best professional judgment. By participating in this residency, I give VSA Wisconsin permission to take and use my photo or video in publications and on its website.

## Application Questions

**1. Will the site meet the following criteria?**

- Be designed for people with disabilities  YES  NO
- Be inclusive of people with and without disabilities when possible & appropriate  YES  NO
- Take place in an accessible location  YES  NO
- Staff will be involved with planning and will attend all program sessions  YES  NO
- Staff will document program and progress in the evaluation forms provided  YES  NO

***\*If no to any criteria above, please describe why:***

**2. List prior involvement in VSA programs, including dates and type of program/s.**

**3. Describe why your site is requesting a VSA Artist Residency.**

**4. Is there is a specific artist with whom your site would like to work?**

**5. Indicate the time of year, day of week and times of day that will work best.**

**6. Describe the arts programming currently offered for individuals at your site.**

<b>Visual Art</b>	
<b>Music</b>	
<b>Movement</b>	
<b>Drama</b>	

**7. Identify the goals you wish to achieve through the program. What do you hope will change for participants and staff as a result of a VSA Artist Residency? Please be specific.**

**8. (Schools only) Identify 2-3 Model Academic Standards that will be addressed through the Artist Residency.** (Standards are listed at [www.dpi.wi.gov/standards](http://www.dpi.wi.gov/standards))

**9. (Schools only) Identify 2-3 Performance Standard(s) or IEP Goals you hope students will meet.**

**10. Explain how your site plans to incorporate lessons learned during the residency in future programming/curriculum.**

## Program Demographics

Please include only participants who will have direct contact with the artist during the program when answering the following questions.

Estimate the age and number of individuals that will participate in this program.

<b>Number of participants with disabilities:</b> <i>Include participants who have a disability, an IEP or are in the referral process, and/or who receive speech &amp; language services</i>		<b>List the disabilities:</b>	<b>Ages:</b>
<b>Number of participants who qualify for/receive additional supports or services:</b> <i>Do <u>not</u> include participants already listed above. Include participants who have chronic health issues, and/or with physical, social, emotional, cognitive or behavioral delays/challenges</i>		<b>List the circumstances:</b>	<b>Ages:</b>
<b>Number of participants without disabilities:</b>			
<b>Total number of participants:</b>			

### Funding Support

To the best of your abilities, please list the financial and in-kind (donations) support that you anticipate securing for this project.

<b>Financial Support</b>	<b>Amount</b>	<b>Anticipated Date of Receipt</b>
Agency/School _____	_____	_____
PTO, Local Business _____	_____	_____
Service Organization _____	_____	_____
Service Organization _____	_____	_____

<b>In-Kind (donated resources or services)</b>	<b>Estimated Value</b>
Staff time _____	_____
Facility/Space _____	_____
Supplies/Equipment _____	_____
Copies, Postage, Phone _____	_____
Transportation _____	_____
Other _____	_____