



PRINTMAKING COUNCIL

O F N E W J E R S E Y

2010 ARTIST-IN-RESIDENCE PROGRAM APPLICATION FORM

Name: _____

Address: _____

Email: _____ Phone: _____

Areas of experience (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Intaglio | <input type="checkbox"/> Alternative Photographic Processes |
| <input type="checkbox"/> Silkscreen | <input type="checkbox"/> Scanning |
| <input type="checkbox"/> Relief Printing | <input type="checkbox"/> Photoshop/Digital Imaging |
| <input type="checkbox"/> Lithography | <input type="checkbox"/> Video/Sound |
| <input type="checkbox"/> Monoprint | <input type="checkbox"/> Digital Printing |
| <input type="checkbox"/> Photography (film) | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Photography (digital) | <input type="checkbox"/> Other _____ |

Areas you wish to pursue during your residency (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Intaglio | <input type="checkbox"/> Alternative Photographic Processes |
| <input type="checkbox"/> Silkscreen | <input type="checkbox"/> Scanning |
| <input type="checkbox"/> Relief Printing | <input type="checkbox"/> Photoshop/Digital Imaging |
| <input type="checkbox"/> Lithography | <input type="checkbox"/> Video/Sound |
| <input type="checkbox"/> Monoprint | <input type="checkbox"/> Digital Printing |
| <input type="checkbox"/> Photography (film) | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Photography (digital) | <input type="checkbox"/> Other _____ |

Included in your Artist Statement, please address **all** of the following points.

1. What do you plan to do during the residency?
2. How you evaluate your technical skills necessary to execute your plan; technical and academic training you have in these media (how many years); and help you need/expect from us?
3. What particular equipment do you need?
4. Is there technical training you expect from us?
5. Do you have a website with more information about your work?