

**AIR Program Application Form 2019**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly discuss your art practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What goals would you like to achieve during your residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What materials will you be using during your residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have experience teaching or working with large groups? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have experience working with youth? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any special needs you may have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything that may interfere with a three-month residency commitment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any skills you have that would be beneficial during the residency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Availability: Artists are required to host open studios three days a week. Please check mark available dates.

Wednesday 11 AM to 3:30 PM\_\_\_\_\_ Thursday 11 AM to 3:30 PM \_\_\_\_\_ Friday 11 AM to 3:30 PM \_\_\_\_\_

Saturday 11 AM to 2:30 PM \_\_\_\_\_ Sunday 11 AM to 2:30 PM \_\_\_\_\_

\*First Friday 7 PM to 9 PM \_\_\_\_\_ Please note, artists are required to participate in First Friday each month during their residency. If this is a conflict please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Available Slots: Please select your preference for residency dates. Place 1 next to your top priority and 2 next to your second choice and so forth.

January through March 2019 \_\_\_\_\_

April through June 2019 \_\_\_\_\_

July through September 2019 \_\_\_\_\_

October through December 2019 \_\_\_\_\_

Please submit the following along with your application: Please note, if you are a collaborative group each member must furnish the following, except where noted.

* CV
* Artist Statement
* Bio
* Two letters of recommendation mailed or emailed by recommender to address below
* 1-page proposal for your intended project during your residency (1 per group)
* A website URL where we can see your current work
* 5 images of work that incorporates the use of textiles and image list (include name, title, dimensions, and date) image size max. 5 MB. (1 set per group)

Applications should be sent to [Gwendolyn@sjquiltmuseum.org](mailto:Gwendolyn@sjquiltmuseum.org) or mailed to the address below. Due to the high volume of applicants, we will not send email notifications confirming submissions. Accepted artists will be notified via email.

Please do not send SASE, application materials will not be returned.

C/O Manager of Museum Engagement

San Jose Museum of Quilts & Textiles

520 South First Street

San Jose, CA. 95113