



# SOUTHERN ALLEGHENIES MUSEUM OF ART

## Residency Request Form Museum Healthcare Partnership

Southern Alleghenies Museum of Art  
P.O. Box 9, Loretto, PA 15940  
p: 814-472-3920 / f: 814-472-4131  
[aie@sama-art.org](mailto:aie@sama-art.org) or [jcampbell@sama-art.org](mailto:jcampbell@sama-art.org)

Please type or print clearly in ink:

Organization/Site: \_\_\_\_\_

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

Residency Location (if different from above): \_\_\_\_\_

Site Coordinator: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Artist: \_\_\_\_\_ Art Form: \_\_\_\_\_

Second Choice:

Artist: \_\_\_\_\_ Art Form: \_\_\_\_\_

Tentative Residency Dates: (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Narrative Description of Project:** (Refer to checklist.)

Attach a narrative description of the proposed project addressing the points outlined in the Residency Planning Guide. Narratives must be typed and no more than two pages in length.

**Application Submitted by:** (all signatures are required)

\_\_\_\_\_  
Signature of Site Coordinator                      Date

\_\_\_\_\_  
Signature of Artist(s)                              Date

### Checklist

Please include the following:

- Residency Request Form       Budget Worksheet       Narrative