

Residency Request Form Artist in Residence

Southern Alleghenies Museum of Art One Boucher Lane Rt 711S, Ligonier PA 15658 p: 724-238-6015 / f: 724-238-621 kmiller@sama-art.org

Please include the Residency Request For	m, Budget Worksheet, and	l Narrative Descripti	<i>on</i> with your req	uest.		
Application Form: Please complete A	LL fields by type or prin	t <i>clearly</i> in <i>ink</i>				
School District:					_	
School:					_	
House #: Senat	e #:	**Federal Dis	trict #:			
Address:					_	
City:	State:	<u>c</u>	ounty:		_	
***Full Zip:	Phone:				_	
Email:					_	
Summer Contact:						
Teacher/Class Supervisor:					_	
Artist (First Choice):	Artist (Se	cond Choice):				
Site Administrator/Principal:					_	
Tentative Residency Dates: (MM/DD/YY	<u>):</u> /	to//				
Number of Residency Days:					_	
School District Billing Person:						
Address:						
Phone Number:						
Email:						
	-	#: http://www.legis.sta trict #: http://congress usps.com/go/ZipLooku	s.org/	<u>on</u>		
Attach a narrative description of the proposed	d project addressing the point no more than two sin	n of Project: (Refer to p as outlined in the Resid agled sided 8.5 x 11" po ed By: (ALL signatures	ency Planning Guic ages in length.	le. Narratives <i>must</i>	be typed in 10-12 pt. fon	t and
-	Signature of Teacher/Cla	ssroom Supervisor	Date			
	Signature of Principal/A	dministrator	Date			



