



RESIDENCY at the ARTISTS COALITION

MISSION

The mission of the Residency at the Artists Coalition is to bring artists from around the world together in order to build friendships and improve intercultural understanding.

GOALS

To provide artists with a supportive environment, time, and a large studio space to create art that others in the Kansas City community will be able to view and/or learn from; to enrich the resident artists' experiences by encouraging travel and the importance of intercultural connections; to promote the value of exchanging ideas among art-producing peers.

CRITERIA

The program seeks applications from dedicated artists who create visual artwork (of any medium) of exceptional quality, and whose work and career are at a level to benefit from an exchange with peers. This program will provide time and space for at least four weeks of residency.

Contact: Kansas City Artists Coalition (KCAC) 816/421-5222 or visit <http://www.kansascityartistscoalition.org>

ELIGIBILITY

Visual artists will receive priority for the residency. USA based artists seeking a period of residency at the Residency at the Artists Coalition are welcome to apply. Artists must be able to communicate in English.

THESE ARE OUR PRIORITIES. YOUR APPLICATION MUST ADDRESS THE FOLLOWING CRITERIA.

Artists who create work of exceptional quality.

Willingness to exchange ideas and expertise with other artists.

Ability to communicate and share your work with other artists and the Kansas City community.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR RESIDENCY AND INDEPENDENT PROJECTS.

Complete the application by typing and/or copying and pasting information into the shaded areas of the form. The form will expand as needed to fit your typed information.

Save your completed form with a new name. Print out to sign and mail in for submission.

Deadlines are ongoing and reviewed the 15th of every month. You will be notified if accepted for the program.

DOCUMENTATION

Images: jpg, gif, png up to 5 MB each

Videos: flv, wmv, mov up to 10 MB each

Audio: mp3 up to 5 MB each

Documents: pdf up to 10 MB each

Label ALL files LastName_FirstName_Title

LETTERS OF RECOMMENDATION

Must submit two letters of recommendation (hard copies in English) from art professionals (such as museum curators, university professors, etc.). If you are unable to provide these, please contact Janet Simpson at janetsimpson@kansascityartistscoalition.org for other options.

RESIDENCY ACCOMMODATIONS

Maximum 4 artists. Each resident will have a private room. There are two shared bathrooms and a shared kitchen and living room. The studio is also shared.

1) Private Single Room (approx 100 sf) with shared studio/kitchen/living room– \$900 per month – 1 Month Contract (30 days) additional days at \$40 per day.

2) Private Double Room (approx 265 sf) with shared studio/kitchen/living room– \$1,200 per month – 1 Month Contract (30 days) additional days at \$50 per day.

The shared studio is approx 900 sf with north windows and access to outdoor patio.

IF YOU ARE ACCEPTED TO THE PROGRAM

You will find out if you have been accepted approximately three to four weeks after the complete application has been received.

If accepted the artist signs the residency contract and pays a \$100 security deposit and the first month's fee.

APPLICATION

APPLICANT INFORMATION

Complete by typing and/or copying and pasting information into the shaded areas of the form. Form will expand as needed to fit your information. Save your completed form with a new name. Print out to sign and mail in.

1. Name (Last, First):		
2. Current Address:		
3. City:	4. State/Region:	
5. Country:	6. Postal Code:	
7. Day Phone: () -	8. Additional Phone: () -	
9. E-Mail:	10. Website:	
11. Citizen Of:		
12. Legal Resident Of:		
13. Male <input type="checkbox"/> Female <input type="checkbox"/>	14. Date of Birth (MM/DD/YYYY): / /	15. Highest Degree/ From:
16. Primary Art Discipline:		

EMPLOYMENT INFORMATION

17. Position:		
18. Current Employer:		
19. Employer Address:	20. How long have you worked here?	
21. City:	22. State/Region:	
23. Country:	24. Postal Code:	
25. Website:	26. Phone: () -	27. Fax: () -
28. Your Responsibilities:		

PROJECT PROPOSAL

29. Short description of residency project:
30. Requested Residency Dates, preferred first then two alternate dates. Please note February is not available. (i.e., from DD/MM/YYYY, to DD/MM/YYYY):

RESIDENCY PROJECT

Take as much space as you need to answer. Please answer completely.

31. Why do you wish to visit and work in Kansas City?
32. What types of interactions would you like to have with the other artists during your residency?
33. What do you specifically expect to accomplish during your residency?
34. How will the residency enhance your personal artistic vision and/or advance your future creative goals?
35. Describe recent career milestones?

36. How will you share your experience with the KCAC and the Greater Kansas City community? (i.e. teach a class, give a presentation, show project in a gallery, etc.)

LANGUAGE AND TRAVEL

37. Can you speak/read/write in English? If so, what is your proficiency (fluency level)?
What other language(s) do you speak/read/write and what is your proficiency (fluency level)?

38. Have you ever traveled to the United States? Yes No Did you pursue research and/or study?
Yes No

If so, list where and when you visited and describe:
List other travel outside of your county of residence:

39. How did you hear about the Residency at the Artists Coalition Program?

ATTACHMENTS

- Curriculum vitae or complete résumé .
- Artist's Statement
- Two letters of recommendation (in English) from an art professional that addresses the applicant's artwork and professional reputation. KCAC prefers to have letters mailed directly, hard copy on original letterhead.
- Submit artwork samples (for example, 10 to 20 pieces on a CD, via email or by URL). Include an image list indicating filename, title, dimensions, materials and dates of each work. The samples you submit are a critical part of your application. Because of the volume of material and limited time for the review panel, you are encouraged to prepare a well-organized presentation that exhibits your work in the best possible manner. Please be sure to submit recent samples, preferably of work that is technically or conceptually relevant to your proposed residency. The Kansas City Artists Coalition cannot be held responsible for loss or damage of submitted materials.

If your portfolio is online, please give the EXACT web address for the work you would like considered.
- Yes, I need a letter of invitation from the Kansas City Artists Coalition. Please send by: date:
/ /
- No, I have not applied for grants and do not plan on doing so.

SUBMIT APPLICATION AND ALL SUPPORTING MATERIALS IN ONE PACKAGE TO:

**Residency at the Artists Coalition
The Kansas City Artists Coalition
201 Wyandotte
Kansas City, Missouri 64105
FMI: 816/421-5222 OR VISIT WWW.KANSASCITYARTISTS Coalition.ORG.**

Application will only be considered when complete, including all supporting documents.

SIGNATURE

The information provided on this form is true and has been filled out to the best of my ability.

Signature of applicant:

Date: