

STUDIO APPLICATION

Creating Community Through Art

Name	Email/Tel
Address:	
Primary Medium	
What type of space you are most interest rate your choice, i.e. 1, 2, 3, etc.	sted in? Please note all studios are rented "as is." Spaces are subject to availability, so please
□ Small studio w/sink □ Small no s (single) (single)	sinkStandard w/sinkX-large w/bathroomTiled Studio w/Kiln
What materials, equipment, or tools do	you plan to use in the studio?
	nents do you have?
How often do you plan to use the studio	o space each week?hrs. per week
What time of day / night are you likely	to use a studio space?
	lar mediums or substances that might preclude you from sharing certain studios?
What are your goals as an artist?	
Are you willing and able to contribute s	service hours as outlined in the General Information document? YES NO
Briefly describe any volunteerism, arts-	related or other, that you have participated in:
provide samples of work in the form of submit original artwork. Please provid	exhibition history, and an artist statement to demonstrate your artistic background. Please also photos, color copies, or CD/DVD. We are unable to visit websites to obtain samples. DO NOT le S.A.S.E. if you would like your materials returned. vithout a resume/biography, exhibition history, artist statement, and samples of work will
Use the other side of this page for addit	ional comments. Thank you!
Please provide name, address and/or ph	one number/email of two personal references :
1	2

Date _____

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