

Application Form for Residency Wallace Stegner House

Name _____ Telephone - home _____
Address _____ Telephone -work _____
Town/City _____ Fax _____
Province _____ Postal Code _____
E-mail _____

References

1. Name _____ Telephone -home _____
Address _____ Telephone -work _____
Town/City _____ Fax _____
Province _____ Postal Code _____ E-Mail _____

References

2. Name _____ Telephone -home _____
Address _____ Telephone -work _____
Town/City _____ Fax _____
Province _____ Postal Code _____ E-Mail _____

Preferred Dates for Residency (*October is not open to the regular residency program*)

	Start Date	End Date
First choice	_____	_____
Second choice	_____	_____
Third choice	_____	_____

Professional Information

1. Please tell us about yourself and your work. (Fewer than 300 words)
2. List your major works published, performed or shown by title, discipline and date.
3. List any awards applicable.
4. List any professional development you have taken part in (courses, classes, workshops)
5. What will you be working on while at the Wallace Stegner House? (Fewer than 300 words)
6. Will you allow your name to appear on our Website Residency Calendar?
7. Please tell us how you heard about the Stegner House.

Payment:

Full non-refundable payment is due within 2 weeks of your acceptance of the residency offered.

We offer no stipends for the regular 11 month resident calendar.