

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. (Less 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. Why do you wish to stay at the Stegner House? (Less than 300 words)
6. Please tell us how you heard about the Stegner House.