

DATE RECEIVED BY MUSEUM:

SHELDON JACKSON MUSEUM ARTIST RESIDENCY PROGRAM APPLICATION

Mission Statement: The Friends of the Sheldon Jackson Museum is dedicated to supporting the Sheldon Jackson Museum and its unique Alaska Native ethnographic collection through advocacy, acquisition and educational programming.

This form is 3 pages. Please print or type so we have a better understanding of your interest in the Friends of Sheldon Jackson Museum’s artist-in-residence program, the Native Artist Demonstrators program. Return forms along with any other application materials to Jacqueline.Fernandez-Hamberg@Alaska.gov or Jacqueline Hamberg, Curator/ Sheldon Jackson Museum/ 104 College Drive/ Sitka, AK 99835 **by Jan. 2, 2019**. Call (907) 747-8904 if you have questions or want to fill out the form by phone or make an appointment to meet in person. Due to the number of applications, incomplete or late applications will not be reviewed.

Biographical Information

Legal Name (as appears on ID for travel booking purposes): _____

Social Security Number (needed for tax purposes): _____

Date of birth (needed for travel booking purposes): _____

Address: _____

City: _____

Telephone: _____

Email: _____

Website (if applicable): _____

Type of art work: _____

Cultural Affiliation: _____

Are you a member of a regional or village corporation? Yes No If yes, which one?

(For grant raising purposes)

Do you have a business license? Y N

Names and phone numbers or emails of people, other than family, you would like to use as a reference. People you have worked with professionally, former teachers, and former supervisors are preferred.

Name: _____

Phone: _____

E-mail: _____

Name: _____

Phone: _____

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We offer several residencies. Please see packet for description of each and benefits, salary, information and flyer at end of this application.

Please rank residencies you are applying for in order of interest (first choice, second choice, etc.)

1) Artist Residency #1: Dates: May 15th-June 5th _____

All work takes place in the museum – will potentially involve working with youth in the museum for up to a week's time

2) Artist Residency #2 : Dates: June 7th –June 29th _____

Work at museum & with Fine Arts Camp high school students

3) Artist Residency #3 : Dates: June 29th through July 20th _____

Work only at museum

4) Artist Residency #4 : Dates: Aug. 22nd - Sept. 12th _____

All work takes place in the museum

5) Artist Residency#5: Dates: Sept. 14th-Oct. 5th _____

While at the museum, artists work in either the gallery or in a good-sized lobby area in a very public setting. Access to this work space is only during the museum's operating hours – Tues. through Sat. from 8am until 4:30pm. How comfortable are you with this kind of work setting and with this sort of availability of work space ? (1 being very uncomfortable to 5 being extremely comfortable)

1 2 3 4 5

If you were to take part in the residency, would you need accommodations in Sitka? Y N

Have you been an artist in resident before? Y N

If yes, where and with what organization/museum? _____

We like to provide access to the museum collection for inspiration and enjoyment. Do you wish to access collections in storage? Y N If yes, please briefly describe your interest:

What is your comfort level giving a talk in front of group? (1 being very uncomfortable to 5 being extremely comfortable) **1 2 3 4 5**

What is your comfort level teaching a class to a small group? (1 being very uncomfortable to 5 being extremely comfortable) **1 2 3 4 5**

How interested are you in working with youth? (1 being the not at all interested to 5 being extremely interested) **1 2 3 4 5**

The Friends are especially interested in hosting artists who engage the local community. This can be through lectures, hands-on workshops or any activity the artist proposes.

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While at the museum, would you like to give a 30-45 min. talk Y N

Would you like to give a 30-45 min. PowerPoint presentation Y N

What would the title of the Powerpoint or Talk be?

Describe the topic of your Talk or Powerpoint in a few sentences:

(Note: If applicable, Power Point Presentations **Need to be submitted to curator by June 1st**)

Would you like to give a hands-on workshop at the museum to teach others a specific art form? Y N
If yes, what would you like to teach?

If giving workshop, what kind of space is needed for workshop?

Age level you want to teach?

Maximum # of participants?

If giving a workshop, list materials needed for each participant and include for each item needed, source for purchase (company name, phone number, website). If you have a website link for each product, please include. This helps museum figure cost of workshop.

This should be a material list we can give to each individual student so they can obtain materials before the class.

Items	Source	Cost of item
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We'd love to hear your ideas. If you have any other ideas for activities you would like to carry out to connect with the community during your residency, please describe (include separate page if needed):

Additional Application Materials

Artist Statement – a few sentences about yourself and your art

Artist bio – a few paragraphs that tell where you are from, what kind of art you make, how you learned to make your artwork (who taught you and/or where you studied, if not self-taught), where you live now, any museums that have exhibited your art or own your art, any awards or teaching experience, and any other details you want to share.

Please include at least four photographs of your artwork and describe the pieces below. Include title (if applicable), materials and medium, year of make. If you are not a visual artist, please contact the curator at (907) 747-8904 to discuss other options for submissions via recording, video, etc. Include an additional page if necessary: _____

If you have one, please attach a resume in a PDF or Word Document - **Resume Not required if you have been in residence at the Sheldon Jackson Museum in the past.**

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Resume attached: Y N