APPLICATION FORM

APPLICATION PACKAGE MUST BE POSTMARKED ON OR BEFORE THURSDAY, OCTOBER 5, 2017

Applicants are strongly encouraged to apply online at lyndensculpturegarden.org/nohl.

You may fill out this application by hand (legibly) or you may reproduce it in an electronic document as long as you include all the requested information. Please refer to the Application Instructions for complete information on compiling your application package and work samples.

Review the Fellowship Guidelines; it is the applicant's responsibility to be familiar with this information before signing the bottom of this form.

Choose one	e:	Emerging Artist	Established Artist
Applicant Firs	st Name: _	M	ll: Last:
If applying on	behalf of	a partnership or collaborative, na	me of partner or collaborative:
Street Addres	SS:		
Mailing Addre	ess (if diffe	erent):	
City:		State: WI	Zip: County:
Daytime Phor	ne:		Alternative Phone:
Email:			Website:
YES _	N0	Have you resided in Milwauk the twelve months prior to 0	ee, Waukesha, Ozaukee, or Washington counties for ctober 5, 2017?
YES _	N0	If you are applying on behalf of the included artists meet t	of a partnership or collaborative group, do at least 50% this residency requirement?
YES _	N0	Emerging Artists: Have all s October 2015?	amples of work submitted been created since
YES _	NO	October 2007, with half comi	l of your samples of work submitted been created since ng from the previous five years (except film—at least been created since October 2012)?
YES _	N0	Are you currently a full-time film, or a related field?	or part-time student pursuing a degree in the visual arts,
the work sam	ple subm	itted accurately represents my ow	re true and complete to the best of my knowledge, and that on work. The Greater Milwaukee Foundation and the Bradley k sample, or a portion thereof, for publicity or educational
Applicant Signature:			Date:
		ase leave blank.) Applicant ID#:	