

APPLICATION FORM

APPLICATION PACKAGE MUST BE POSTMARKED ON OR BEFORE THURSDAY, OCTOBER 8, 2015

Applicants are strongly encouraged to apply online at lydensculpturegarden.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: **Emerging Artist** **Established Artist**

Applicant First Name: _____ MI: _____ Last: _____

If applying on behalf of a partnership or collaborative, name of partner or collaborative:

Street Address: _____

Mailing Address (if different): _____

City: _____ State: WI Zip: _____ County: _____

Daytime Phone: _____ Alternative Phone: _____

Email: _____ Website: _____

YES NO Have you resided in Milwaukee, Waukesha, Ozaukee, or Washington counties for the twelve months prior to October 8, 2015?

YES NO If you are applying on behalf of a partnership or collaborative group, do at least 50% of the included artists meet this residency requirement?

YES NO **Emerging Artists:** Have all samples of work submitted been created since October 2013?

YES NO **Established Artists:** Have all of your samples of work submitted been created since October 2005, with half coming from the previous five years (except film—at least one of the pieces must have been created since October 2010)?

YES NO Are you currently a full-time or part-time student pursuing a degree in the visual arts, film, or multi-media?

I certify that representations made in this application are true and complete to the best of my knowledge, and that the work sample submitted accurately represents my own work. The Greater Milwaukee Foundation and the Bradley Family Foundation have my permission to use my work sample, or a portion thereof, for publicity or educational purposes.

Applicant Signature: _____ Date: _____

(For staff use only, please leave blank.)

Log: _____ Applicant ID#: _____