

**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 4 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](mailto:Jacqueline.Fernandez-Hamberg@Alaska.gov) or Jacqueline Hamberg, Curator/ Sheldon Jackson Museum/ 104 College Drive/ Sitka, AK 99835 by **Jan. 29, 2020**. 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)*

Are you fluent or nearly fluent in an Alaska Native language? If yes, what language? Yes No

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: \_\_\_\_\_

E-mail: \_\_\_\_\_

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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 15<sup>th</sup>-May 31<sup>st</sup> \_\_\_\_\_**

**2) Artist Residency #2 : Dates: July 24<sup>th</sup> –August 8<sup>h</sup> \_\_\_\_\_**

**3) Artist Residency #3 : Dates: August 15<sup>th</sup>-30<sup>th</sup> \_\_\_\_\_**

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.**

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 May 1st** )

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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 |
|-------|--------|--------------|
|-------|--------|--------------|

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 attached: Y N