



ARTIST APPLICATION

Contact Information

Artist Name _____
Last First Middle

Home Address _____
Street Name Apt./P.O. Box #

City State Zip Code _____

Studio Location _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Tell Us About Yourself

Please list and describe the medium(s) you are currently working in:

Do you have your own studio? yes no

If no, please describe where you work:

Does your workspace have any materials or tools that may be considered hazardous? Yes No

Please List:

Please describe your experience working with teens:

Please tell us any days of the week that you ARE NOT available:

Please send the completed application, updated resume, and digital images of your current work (on a CD) to:

Artworks!
Attn: TAIP
384 Acushnet Avenue
New Bedford, MA 02740
Phone: 508-984-1588

Deadline: March 21, 2008