



# RESIDENCY APPLICATION

Details and Deadlines

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CAC TROY accepts artists for residencies who offer quality, seriousness, or experience in their art and encourages diversity of style, medium, and concepts.

Applications to the residency program are accepted on a rolling basis. However, priority consideration and fellowships will be awarded to those applying by the deadlines. Please indicate if alternate dates will be considered in the event that the dates you request become filled.

Residency fees are a flat rate of \$290 per week or \$1150 per month and include accommodation and access to all CAC TROY facilities. If you are interested in using the studios without accommodation please contact us for reduced rates. All returning artists receive a 20% discount on residencies.

**CAC TROY provides awards to approximately 90% of Residents.** Please apply by priority deadlines for consideration. Award amounts range from \$50/wk to full cost. To apply for an award you must provide a short statement of proposed residency project and check the "apply for award" box. Awards will be given based on the strength of the proposal and demonstrated artistic ability.

If you would like to be considered for income-based aid please check "apply for financial aid" box and send a photocopy of your most recent tax return. Artists receiving financial aid will also be expected to donate between 5-10 hours of their time per week working for CAC TROY.

## PRIORITY DEADLINES

Jan 1 for residency beginning between Feb 1 and April 30

March 1 for residency beginning between May 1 and July 31

June 1 for residency beginning between Aug 1 and Oct 31

Sep 1 for residency beginning between Nov 1 and Jan 31

Applicants are encouraged to apply even if the priority deadlines are passed, in the event that the dates requested and/or funding may still be available.

As a general rule summer residencies and January Term residencies fill much faster than other seasons.

CAC TROY supports existing federal and/or state regulations against discrimination on the basis of race, color, sex, religion, sexual orientation, age or national origin.

## Please include the following:

1. Application form
2. Documentation (images) of recent work. We ask for 2-10 images. Documentation can be slides, photos, webpage link with examples, digital images on CD, videos, or DVD. (PLEASE DO NOT EMAIL IMAGES, as our inbox can not hold all submissions and they will be deleted without consideration). Please include SASE for return of images.
3. AND/OR short (one page or less) statement of proposed residency project. This statement should generally address the artwork(s) that you will create during your stay. (required for fellowship award)
4. \$15 application fee (can be waived for those with demonstrated financial need)

You will be notified of acceptance two weeks after your application is received. You will have one week to confirm your acceptance. Upon confirmation you will be required to pay a 50% deposit, with the remainder due upon your arrival.

A cancellation with more than 30 days notice will result in return of 50% of funds and credit for other 50%.

A cancellation of less than 30 days will result in return of 50% of fees **minus first weeks fee** and 50% credit .

There are no refunds after start date of residency.

Email us at: [info@cactroy.org](mailto:info@cactroy.org), [info@thecac.org](mailto:info@thecac.org)

or call: (518) 320-0628 with any additional questions.



# RESIDENCY APPLICATION

Artist's information

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name \_\_\_\_\_ date of birth \_\_\_\_\_

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address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

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telephone \_\_\_\_\_ email \_\_\_\_\_ website (if any) \_\_\_\_\_

☐ male ☐ female

List a reference who can speak to your artistic commitment. This person can be a colleague, teacher or other artist.

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reference name \_\_\_\_\_ telephone \_\_\_\_\_ email \_\_\_\_\_

Dates requested: arriving: **Saturday**, \_\_\_\_\_ and leaving \_\_\_\_\_

☐ yes, let me know if alternative dates are available

Media working in while in residence: \_\_\_\_\_

☐ applying for residency which includes accommodation

☐ applying for studio only residency

Please list any medical conditions \_\_\_\_\_

Please list any allergies to foods or medications \_\_\_\_\_

☐ apply for award. Please include short statement of proposed residency project

☐ apply for financial aid. Please include copy of most recent tax return

☐ featured city, special rate, local artist, or other \_\_\_\_\_ award

Please mail this form, images, statement of proposed residency project (optional) and \$15 application fee to:

CAC TROY – Residency

71 Old Mill St

Troy, NY 12180

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office use only:   ☐ Entered in database   ☐ Accepted   ☐ Awarded \$ \_\_\_\_\_   ☐ Confirmed