

artsnb

NB/QC Creative Residency

Juried Program

Please refer to the program description to confirm that all the materials required to complete your application are included. Please print clearly in black ink, to facilitate duplication. Do not bind, staple, or place your application in folder. **Keep a copy of this application for your records.**

1. INFORMATION ON THE TYPE OF GRANT REQUESTED

1.1 Type of grant requested:

One month
(Maximum \$ 3,000)

Two months
(Maximum \$6,000)

Three months
(Maximum \$9,000)

Travel Expenses
(Maximum \$1,000)

Deadline: April 1

1.2 Discipline:

Craft

Classical Music

Non-Classical Music

Literary Arts

Visual Arts

Dance

Theatre

Literary Translation

Media Arts

Multidisciplinary Arts

Storytelling

Architecture

2. INFORMATION ON THE APPLICANT

Mr.

Ms.

Mrs.

Name: _____
(First name) (Surname)

Mailing address: _____

City: _____

Province: _____ Telephone (H): _____

Postal code: _____ Telephone (W): _____

E-mail: _____ Fax: _____

SIN: _____ Web: _____

Citizenship status: Canadian Citizen First Nations
 Landed immigrant since _____ Permanent resident of N.B. since _____

3. INFORMATION ON THE PROJECT

3.1 Title of the project:

3.2 In 350 words or less please give us a description of the project for which the grant is requested and explain how this project contributes to the advancement of your artistic practice: Attach document if necessary.

(Please note that exceeding the 350 word limit may put your request at a disadvantage since only up to 350 words will be translated.)

3.3 Date, duration and location of the project:

3.4 List of persons participating in the project (if applicable):

_____	_____
_____	_____
_____	_____

3.5 Information concerning the host organization:

Name: _____

Mailing address _____

City or Town: _____

Province: _____

Telephone (H): _____

Postal code: _____

Telephone (W): _____

E-mail: _____

Fax: _____

Name of contact : _____

Host organizations must include a letter of agreement with the artist in residence detailing what the residency consists of and what is expected from both parties. The letter of agreement must be signed by both parties. artsnb will only accept an original copy.

4. SAMPLE OF WORK

All applicants are required to submit three copies of a sample of work and accompanying descriptions or synopses with their application. Please refer to the program description to make sure you have included the sample of work requested for the appropriate discipline.

Note: Please write the name on each item which you are sending and bear in mind that the technical quality of the material might influence the recommendation of the jury. Your sample of work will be returned once your application has been evaluated and if an appropriate self addressed and stamped envelope is provided with the application.

5. REQUIREMENTS

Please refer to the headings, “Requirements” and “Sample of work,” in the program description to make sure all the information required to complete your application is included. Check the appropriate boxes below.

- Application form;
- Résumé (CV) or biography (max. 4 pages);
- Sample of work (4 copies) (please specify):

- Information on the sample of work (digital still images list, details on video, CD, etc.);
- Letter of agreement with the proposed artist stipulating the terms of the agreement as regards the project and the stipend;
- letter of invitation or confirmation from the partners;
- Critical reviews, press clippings, awards, etc., of the proposed artist photocopied clearly on 8 ½ x 11 paper (max. 4 pages) – optional;
- Letters of recommendation – optional;
- Any other pertinent documentation which supports the application (max. 4 pages) (please specify):

Please confirm:

- Yes**, I want my samples of work returned to me.
 - I included a self-addressed and **sufficiently** stamped envelope large enough to contain all support material for the return of samples of work. **Works accompanied with envelopes bearing insufficient postage will not be returned.** It is the responsibility of the applicant to ensure that materials can be returned without damage.
 - or**
 - I will make arrangements to have them picked-up at **artsnb**’ s office.
- No**, I don’t want the samples of work returned to me and artsnb may dispose of it at its convenience.

6. APPLICANT’S AGREEMENT

- I hereby certify that, to my knowledge, the information provided with this application is accurate, and I accept the conditions as described in the program description.
- I recognize that, beyond the provision of a grant, that **artsnb** has no further commitment to the project, nor to the applicant, and that **artsnb** will not be held responsible for the completion of the project nor for the work produced.
- I certify that I have maintained a permanent residence in New Brunswick for at least one year (12 months) immediately prior to application deadline.
- I agree to provide **artsnb** with a complete report of the activity once it is finished.
- I agree to acknowledge the contribution of **artsnb** in all publicity related to the project.
- I recognize that **artsnb** will not be held responsible for any loss or damage of my sample of work.

Signature of applicant

Date

SEND TO: NOTIFICATION OF RESULTS

Please return this completed form along with the requested material and sample of work to:

artsnb
61 Carleton Street
Fredericton, NB E3B 3T2
Tel.: (506) 444-4444
Toll free in New Brunswick: 1-866-460-ARTS (2787)
Fax.: (506) 444-5543

Applicants will be notified of the results, by mail, approximately 3 months after the competition deadline.

Results will not be released over the telephone.

Ce formulaire est également disponible en français.

artsnb reserves the right to revise programs at any time without notice.

artsnb is the brand name of the New Brunswick Arts Board

LETTER OF RECOMMENDATION

2012

<h1 style="font-size: 48px; margin: 0;">artsnb</h1>	<h2 style="font-size: 24px; margin: 0;">NB/QC Creative Residency</h2> <p style="margin: 0;">Juried Program</p>
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LETTERS OF RECOMMENDATION

Emerging artists and first time applicants are encouraged to submit two letters of recommendation, but they will not be disqualified if no letters are received.

Appraisers should be given a copy of the form entitled, "Letter of Recommendation," and be asked to return it, duly completed, to **artsnb** within one week following the deadline. Letters of recommendation should be provided by fellow practitioners in the same artistic field and who exhibit experience and expertise in said artistic field. Letters arriving late will not be included in the material presented to the jury.

NOTICE TO APPLICANTS: Please complete the information indicated below before submitting this form to your appraiser.

INFORMATION ON THE TYPE OF GRANT REQUESTED

1.1 Type of grant requested:

<input type="checkbox"/> One month (Maximum \$ 3,000)	<input type="checkbox"/> Two months (Maximum \$6,000)	<input type="checkbox"/> Three months (Maximum \$9,000)	<input type="checkbox"/> Travel Expenses (Maximum \$1,000)
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Deadline: April 1

1.2 Discipline:

<input type="checkbox"/> Craft	<input type="checkbox"/> Classical Music	<input type="checkbox"/> Non-Classical Music	<input type="checkbox"/> Literary Arts
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Theatre	<input type="checkbox"/> Literary Translation
<input type="checkbox"/> Media Arts	<input type="checkbox"/> Multidisciplinary Arts	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Architecture

INFORMATION ON THE APPLICANT

Name: _____
(First name) (Surname)

Mailing address: _____

Province: _____ Telephone (H): _____

Postal code: _____ Telephone (W): _____

INFORMATION ON THE RESIDENCY

- **Title of the residency:**
- **In 350 words or less please give us a description of the activity for which the grant is requested, and explain how this activity contributes to the advancement of your artistic practice:**
 (Please note that exceeding the 350 word limit may put your request at a disadvantage since only up to 350 words will be translated.)

Attach document.

INFORMATION ON THE APPRAISER

Name of appraiser: _____
(First name) (Surname)

Telephone (H): _____ Telephone (W): _____

