



**The Betsy Worden Memorial Artist Residency Application
September 29, 2010 – March 29, 2011**

At the Emporium Center for Arts & Culture, 100 S. Gay Street in downtown Knoxville

Deadline for receipt of application: Friday, September 17, 2010

- PLEASE PRINT CLEARLY -

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____ E-mail: _____

Do you currently have a studio? _____ If so, where is it located? _____

Do you have a full- or part-time job? _____ If so, what are your work hours? _____

Please describe, in detail, what this residency would mean to you and how you wish to use the residency period for either professional goals or a specific project, etc. (printed here or attached as separate sheet): _____

The selected Artist in Residence agrees to:

- Occupy the studio and be present to show new work each First Friday of the month;
- Spend a significant amount of time creating work in the Emporium studio;
- Display of at least one piece of new work in the designated public areas of the Emporium Center each month of the residency (beginning with the First Friday opening reception on October 1, 2010);
- Prepare for a solo exhibition of new work in the upstairs Balcony gallery of the Emporium Center at the end of the residency period (exhibition dates: March 4-25, 2011); and
- Help hang monthly changing exhibits in the Emporium galleries if necessary.

For these services, the Artist in Residence shall receive:

- FREE and exclusive access to a 10' x 10' artist studio located in the Emporium Center; and
- Sponsored membership in the Arts & Culture Alliance for one year.

I agree to any and all conditions and responsibilities specified by this application. I agree to abide by standard tenancy rules. I understand that a standard members' commission of 20% applies to all cash and check sales and 25% to all credit card sales.

Agreed to this day: _____

Signed: _____

Print name: _____

Deadline for receipt of application and supporting materials is **Friday, September 17, 2010**, to:
Arts & Culture Alliance, PO Box 2506, Knoxville, TN 37901
For more information, call (865) 523-7543 or e-mail sc@knoxalliance.com.

Please include the following attachments:

_____ **Up to 50 digital images;** please include sketches of any future work (especially if relevant to the purpose of the Residency), current work, and a sampling of past work. Send as JPG files on CD (no DVD).

_____ **Letter of recommendation**

_____ **Artist or Personal Statement**

_____ **Resume**