



The Betsy Worden Memorial Artist Residency Application
At the Emporium Center for Arts & Culture, 100 S. Gay Street in downtown Knoxville

**Deadline for receipt of application:
Friday, March 19, 2010**

**Please include:
+ Resume
+ Letter of recommendation
+ Labeled CD of digital images**

- PLEASE PRINT CLEARLY -

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

E-mail: _____

Please describe how you wish to use the residency period (a specific project or goals, printed here or attached as separate sheet): _____

Artist's statement (Print here or attach as separate sheet): _____

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.

Artist signature: _____

Date: _____

Deadline for receipt of application and supporting materials is **Friday, March 19, 2010**, to:
Arts & Culture Alliance, PO Box 2506, Knoxville, TN 37901
For more information, call (865) 523-7543 or e-mail sc@knoxalliance.com.