

## TERRA SUMMER RESIDENCY IN GIVERNY

### 2017 Application for Artist Fellowship

Application forms and required attachments should be completed in English. We request that proposals not be stapled or bound. All proposals must be received by **January 15, 2017**. If the proposal does not include all of the following components, it will be considered incomplete. Applications and letters of recommendation can be submitted either by email to [tsr@terraamericanart.eu](mailto:tsr@terraamericanart.eu) or by post to Terra Foundation for American Art, Terra Summer Residency, 121 rue de Lille 75007, Paris, France.

#### I. Application Form (Artist Fellowship)

No hand-written applications. Please type.

#### II. Attachments (please include one copy of each of the following):

- **A Curriculum vitae** (limited to 10 pages)
- **An artist statement** (limited to one page)
- **A statement of purpose** (limited to 1,000 words) outlining the aspects of the work to be accomplished during the residency period and the specific benefits that the residency program would provide.
- **A letter of recommendation from the applicant's previous art-school supervisor** that addresses not only the applicant's artistic practice and stage of study, but also his/her ability to both benefit from and add to this community of scholars and artists. This letter of recommendation serves as the required nomination by a professor at an academic institution, and should be sent directly by the author to the Terra Foundation (Signed and scanned letters on university or art school letterhead sent by email as attachments are accepted).
- **A letter of recommendation from one additional individual** (personal or professional). This letter should be sent directly by the author to the Terra Foundation (signed and scanned letters sent by email are acceptable).  
**Please note: it is the applicant's responsibility to see that all letters of recommendation are received by the foundation by the application deadline.** Each professor may nominate a maximum of two students each year. Please check with your professor when you request a recommendation.
- **A portfolio consisting of a maximum of 12 images and/or videos and an inventory list** detailing title, medium, size, date, and description. Each image or video should be clearly numbered and labeled to correspond with the accompanying checklist. This material should be sent by email or via a web transfer platform such Wetransfer. Acceptable file formats and sizes for images are JPEG at a resolution of 72 dpi which must be no larger than 600 pixels in the longest direction, and for videos: .avi, .wav, .mov—up to 60 MB each and no longer than five minutes.

After submitting your application, you will receive an email from the Terra Foundation either confirming that your application is complete or signaling that it is incomplete. If you do not receive this email, your application has not been received. Please allow for a few days before expecting the confirmation email.

Any questions about the application should be referred to the Terra Foundation at [tsr@terraamericanart.eu](mailto:tsr@terraamericanart.eu) or +33 1 43 20 82 69.

# TERRA

FOUNDATION FOR AMERICAN ART

## TERRA SUMMER RESIDENCY IN GIVERNY

### 2017 Application for Artist Fellowship

Name

\_\_\_\_\_  
Title (Mr., Mrs., Ms.) Last Name (capital letters) First Name Middle Name

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Citizenship \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip code

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Academic position (if applicable) \_\_\_\_\_

Institution/University name and department if applicable

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City State Zip code

Department telephone number \_\_\_\_\_

**Brief description of artistic practice**

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**Education** (beginning with most recent)

Degree	Institution	Field	Date
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**Present and former scholarships or residencies** (beginning with most recent)

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**References**

List the two people from whom you have requested letters of recommendation.

Name/Title	Address	Phone	Email
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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