

**WELCOME HILL STUDIOS RESIDENCY PROGRAM  
APPLICATION FOR RESIDENCE**

1. **NAME:** \_\_\_\_\_

2. **PERMANENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

3. **EMERGENCY CONTACT** \_\_\_\_\_

(phone) \_\_\_\_\_ (relationship) \_\_\_\_\_

4. **FIELD OF CREATIVE ENDEAVOR IN WHICH YOU ARE APPLYING:**

\_\_\_\_\_

*Fields: Painting, Sculpture, Photography, Printmaking, Drawing, Mixed Media, Fiction, Poetry, Nonfiction, Playwriting, Screenwriting, Music Composition, or new genre*

5. **Are you 18 or older?:** \_\_\_\_\_ **CITIZENSHIP:** \_\_\_\_\_

6. **SCHEDULING INFORMATION:** Residencies start on Saturdays at 5pm and end Saturdays at 12 noon, running for periods of 1 week to 3 months.

a. Number of weeks you are requesting: \_\_\_\_\_

b. **First choice:** From \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

**Second choice:** From \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

c. Studio you are requesting: \_\_\_\_\_

Are you willing to consider the other? \_\_\_\_\_

Competition for residencies varies seasonally and with the number of applications. Please indicate below your flexibility throughout the session, including dates you are not available.

\_\_\_\_\_

7. **APPLICATION HISTORY:**

a. Is this your first application to Welcome Hill Studios? Yes ( ) No ( )

b. If no, date of your most recent application: \_\_\_\_\_

c. If you are a previous resident, please give the date(s) you were in Residence.

(Application history information is for statistical purposes only. It does not affect your application process.) \_\_\_\_\_

8. How did you learn about Welcome Hill Studios?

\_\_\_\_\_

9. **DESCRIPTION OF PROJECT:** On a separate sheet, please describe your work plans for your stay.

10. **REFERENCES:** Each applicant is responsible for requesting two letters of reference from qualified individuals who are familiar with her work. References may be included with the application or sent under separate cover. Please indicate the name of the two references from whom you have requested letters:

1. \_\_\_\_\_

2. \_\_\_\_\_

11. **PROCESSING FEE:** A nonrefundable-processing fee of \$35 is required with each application. Checks should be made payable to Welcome Hill Studios.

12. **CHECKLIST**

a. **TWO** copies:

\_\_\_\_\_Application Form

\_\_\_\_\_Project Description

b. \_\_\_\_\_**PROCESSING FEE**

c. **REFERENCES:**

\_\_\_\_\_Sent under separate cover

\_\_\_\_\_Included

d. \_\_\_\_\_**ACCIDENT WAIVER FORM**

13. **APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEND APPLICATION TO:**

**Welcome Hill Studios**

PO Box 84; West Chesterfield, NH 03466

Or email scanned PDF to:

[info@welcomehillstudios.org](mailto:info@welcomehillstudios.org)

**WELCOME HILL STUDIOS RESIDENCY PROGRAM  
RECOMMENDATION FORM**

\_\_\_\_\_ has applied for admission to Welcome Hill Studios and has listed your name as a reference. The Residency Program provides artists and writers with room, board and studio space so that they may concentrate on creative projects. In addition to your assessment of the applicant's work, please comment on her ability to be self-motivated in an unstructured program and interact congenially. References are kept confidential. You may answer on this sheet or on your own letterhead. Thank you for your response.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Recommender:

\_\_\_\_\_

Reference letters may be returned to the candidate or mailed to

**Welcome Hill Studios**

**PO Box 84; West Chesterfield, NH 03466**

**Letters may be emailed as a scanned letter in PDF form to [info@welcomehillstudios.org](mailto:info@welcomehillstudios.org)**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH WELCOME HILL STUDIOS including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Welcome Hill Studios and any and all of its affiliates, and that it will govern my actions and responsibilities during my stay. In consideration of my application and permitting me to participate, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Welcome Hill Studios (WHS) and/or their directors, officers, employees, volunteers, representatives;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that WHS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participant, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, staff.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Resident's Name

Date

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Resident's Signature

