CRITICAL BREAKS RESIDENCY APPLICATION

Please complete questions below. The word count listed is the maximum allowable words for that question.

For more information on our residency programs, visit www.hi-artsnyc.org/residencies.

For residency Frequently Asked Questions (FAQ), visit www.hi-artsnyc.org/residencies-faq.

Feel free to contact staff at info@hi-artsnyc.org with any additional questions. We will respond within 2-3 business days.

* Required

1. Email address *

________________________________________

2. Name of Individual Artist(s)/Ensemble *

________________________________________

3. How many artists will be involved in the residency and what would be their roles? (100 words) *

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________________________________________
4. Individual Artist(s)/Ensemble Bio (300 words)

5. What is your artistic discipline/form?

6. Describe your artistic devising/development process. (250 words)

7. How does your personal value system resonate in your work? (250 words)
8. Provide a description of the project. (100 words) *

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9. This residency is for artists who are in a pivotal phase of further developing existing work. What is that pivotal phase for you, and how will the residency help you reach the next level of your work? (250 words) *

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10. How can Hi-ARTS be supportive during this residency? How might you use the available resources? (150 words) *

The program includes 50 hours of rehearsal time and a public work-in-progress sharing. The residency can include artistic support (producing consultation with curatorial team, support in casting, support in identifying/securing other creative team members), technical support (support to hire residency Stage Manager, support to hire board operators, basic lighting and sound support if designers/operators are not hired as a part of residency, piano), and administrative support (WiFi access, printing, basic rehearsal supplies, arranging travel, managing artist payments).
11. Do you anticipate needing funds for any additional resources? If so, please describe. (100 words)

12. Has there been any prior development for this specific project? If so, please describe. (100 words)

13. Describe the audiences/communities you want to reach. (200 words) *
14. When would you like to begin your residency? Please select the residency period you would MOST like to be considered for. *

We will prioritize applications submitted within the deadline period for a particular season, but you may indicate in the next question if you're interested in being considered for additional seasons.

Mark only one oval.

☐ January - March 2021
☐ April - June 2021
☐ July - September 2021
☐ October - December 2021

15. Are there additional seasons you would like to be considered for? Select all that apply.

Check all that apply.

☐ January - March 2021
☐ April - June 2021
☐ July - September 2021
☐ October - December 2021

16. What is your rehearsal time availability? Select all that apply. *

Check all that apply.

☐ Morning (10am - 1pm)
☐ Afternoon (1pm - 5pm)
☐ Evening (5pm - 10pm)
17. What technical assistance does your project require? (Visit FAQs for building and specific studio specs.)

18. Include up to three links to work samples that reflect your practice. Please include a short description for each sample. The work sample does not have to be related to the current proposed project as long as you feel it's an adequate reflection of your practice.

19. If there are any upcoming performances for this work, please enter information for up to three performances. List the show title, the performance date, the venue name, city, and state. (200 words)

20. If coming from out of NYC, will you need travel support and/or housing? (Visit FAQs for a description of what support is available.) (100 words)
OPTIONAL DEMOGRAPHICS INFORMATION
This information is for statistical purposes only and will not be used in your residency review.

21. How do you identify? (Check all that apply)

Check all that apply.

☐ Woman
☐ Man
☐ Non-Binary
☐ Transgender
☐ Choose not to identify
Other: ☐ ________________________________

22. How do you identify? (Check all that apply)

Check all that apply.

☐ African-American
☐ Asian/Pacific Islander
☐ Latinx/Hispanic
☐ Native American
☐ White
☐ Multiracial
☐ Choose not to identify
Other: ☐ ________________________________

23. What is your age?

Check all that apply.

☐ Under 18
☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65+
24. What is your ZIP code?