
CRAIGARDAN

2018 CULINARY ARTS RESIDENCY APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CELL PHONE: _____ OTHER: _____

EMAIL: _____

WEBSITE: _____

TO WHICH SESSION ARE YOU APPLYING? Check all that apply.

- Session 1: June 1 - June 29
- Session 2: June 29 - July 27
- Session 3: August 3 - August 31
- Session 4: August 31 - September 28

I Would like to be considered for a *Teaching Fellowship* (only 1 awarded each year)

HOW DID YOU HEAR ABOUT THIS PROGRAM?

REFERENCES (2 professional, 1 personal):

A Complete application must be emailed and include the following:

- Completed Application Form
- Resume
- Statement of Intent - include how you plan to use your residency and how a residency at Craigardan will benefit you. Include any specific equipment or ingredient requirements.

For a *Teaching Fellowship* Application, please also include:

- 3 sample menus
- A sample cooking class or workshop description

SIGNATURE: _____ DATE: _____

Email Completed Application to:

Michele Drozd, executive director
michele@craigardan.org
Subject: Application

501 Hurricane Road Keene, NY 12942 info@craigardan.org www.craigardan.org