

2020 Hot Metal Artist Residency Program Cover Sheet



Personal Information	
Name	Address
Email	City State Zip
Website URL	Phone
Date of Birth	
Program Choice: <i>(Select One)</i>	Hot Metal Artist Hot Metal Artist Intern Local Artist Intern

Education				
Graduate School	Degree Earned	Major/Focus	School Name	Year (anticipated)
Undergrad. School	Degree Earned	Major/Focus	School Name	Year (anticipated)
Other Education				

Please provide the contact information of two professional references:	
Name	Profession
Email	Phone
Relationship to Applicant:	
Name	Profession
Email	Phone
Relationship to Applicant:	

By signing this form I agree that the information contained in this application and its attachments are true and correct.

Applicant Signature:

Date: