





Arts in Education Residency Program Teaching Artist Directory Renewal Application

First Name:	MI:	Last Name	:
Name of Company/Ensemb	le: (if applicable)		
Street Address:			-
City:	State:	Zip:	County:
Primary Phone:		Alt. Phone: _	
Email Address:			
Website Address:			
Check ONE artistic discipline	e that best describes	your work:	
Creative Writing	Film & Digital Media		Visual Arts
Performing Arts	rtsFolk & Traditional Arts		Multiple Art Forms
What is your art form?			
Counties in our region in w	nich you would work	:: (check all that ap	ply)
Bradford;Columb	ia;Lycoming; _	Sullivan;Tio	oga
Preferred age range for resi	dencies: (check all th	nat apply)	
Early Childhood (3-5);E	elementary (6-11);	_Middle (11-14);	Secondary (14-18);Adult;Senior
What is your daily fee? for residency work with an u		s a teaching artist	be paid a minimum of \$200 per day
Please use a separate piece organization, dates, and a k			ver the past 3 years, including host
• •	enae Chamberlain, 6		•

Completion of this form indicates your intent to remain on the Teaching Artist Directory.

Application must be renewed every 3 years.