

STAUNTON HILL

Center for Thought, Creativity and Production

Name _____

Address _____

email _____ Telephone _____

Website _____

Nationality _____ Date of Birth _____

Gender M _____ F _____ Other _____

Discipline/Field of Study _____

Session you are applying for:

April - May _____

September - October _____

Please indicate which dates you are available within the session.

First Choice _____ Second Choice _____

Residency Length (2 to 8 weeks) _____

Describe your intended project/research _____

Names/emails of references _____

Have you been to a residency/retreat before _____ If so, where and when _____

Signature _____

(All the information I have entered above is true)

Please email your application package to: ssargent@stauntonhillcenter.org