



STUDIO APPLICATION

SANCHEZ ART CENTER

Pacifica Center for the Arts
1220 B Linda Mar Blvd. Pacifica, CA 94044
650-355-1894
info@sanchezartcenter.org
www.SanchezArtCenter.org

Creating Community Through Art

Name	Email/Tel
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Address: _____

Primary Medium _____

What type of space you are most interested in? Please note all studios are rented “as is.” Spaces are subject to availability, so please rate your choice, i.e. 1, 2, 3, etc.

☐ Small studio w/sink (single) ☐ Small no sink (single) ☐ Standard w/sink — shared w/1 artist shared w/2 artists ☐ X-large w/bathroom (shared w/1 artist) ☐ Tiled Studio w/Kiln (may be rented solo or to group)

What materials, equipment, or tools do you plan to use in the studio? _____

What energy / utility or special requirements do you have? _____

How often do you plan to use the studio space each week? hrs. per week

What time of day / night are you likely to use a studio space? _____

Do you have any sensitivities to particular mediums or substances that might preclude you from sharing certain studios?

☐ YES ☐ NO If yes, please describe _____

What are your goals as an artist?_____

Are you willing and able to contribute service hours as outlined in the General Information document? ☐YES ☐NO

Briefly describe any volunteerism, arts-related or other, that you have participated in: _____

Please attach a resume or biography, an exhibition history, and an artist statement to demonstrate your artistic background. Please also provide samples of work in the form of photos, color copies, or CD/DVD. We are unable to visit websites to obtain samples. **DO NOT** submit original artwork. Please provide S.A.S.E. if you would like your materials returned.

Important! Applications submitted without a resume/biography, exhibition history, artist statement, and samples of work will not be considered.

Use the other side of this page for additional comments. Thank you!

Please provide name, address and/or phone number/email of two personal references :

Signature _____ Date _____