

SANCHEZ ART CENTER
1220 B Linda Mar Blvd. Pacifica, CA 94044
650-355-1894
info@sanchezartcenter.org
www.SanchezArtCenter.org

STUDIO APPLICATION

Name _____ Email _____

Address _____

Home phone _____ Cell phone _____

Primary Medium _____

Which type(s) of space are you interested in? Please note all studios are rented "as is." See attached for rates.

Check all that apply. Any preference? _____

- Single occupant small studio with sink Single occupant small studio – NO sink
 Share large studio Single occupant large studio 1/3rd studio with sink

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? _____

What are your goals as an artist? _____

Do you have sensitivities that would preclude you from sharing a studio where certain mediums are in use?
 YES NO If yes, describe _____

Please read the Service Hour Requirements section of the Application Process & General Information document.

Are you willing and able to participate? YES NO

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

Please attach a resume or biography (including exhibition history), and artist statement, to demonstrate your artistic background. Please also provide samples of work in the form of photos, color copies, duplicate slides, or CD/DVD. DO NOT submit original artwork. Please provide S.A.S.E. if you would like your materials returned eventually.

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 numbers of two professional references (landlords, vendors, professional/artist acquaintances, etc.)

1. _____ 2. _____

Signature _____ Date _____