



Studio Space Application

NAME: _____ PHONE #: _____

EMAIL: _____

WHICH STUDIO WOULD YOU LIKE TO BE CONSIDERED FOR?

Visual Arts Studio ____ Bay Studio (in Theatre) ____ Incubator Studio (in Lower Hall) ____

1. What specific goal would you like to work on during this time?

(Explain if there is a specific body of work or project that you intend to create over 5 months)

2. How (and when) do you intend to use the studio space? The space is available from Monday – Friday (9:30am – 4:30pm) with the exception of stat holidays and occasional other events

3. What supports would you require (within or outside of Workman Arts)?

(I.e. equipment, tech needs, mentorship or staff support)

4. Do you have any concerns about working in a shared space? (I.e. noise or other factors)

Applicants are reviewed by Workman Arts programming staff based on selection criteria outlined on the call. Accepted artists must sign a contract prior to working in the space.