



**TRANSIT Residency NFP
Artist in Residence Applicant Information Form**

Please fill out the requested information completely, read the content below, and sign the bottom of the form before returning to TRANSIT. Thank you

Residency Program's Name/Title:

Please circle appropriate program: inbound (in Chicago) outbound (from Chicago)

Dates of Residency Program:

(list TBD if unknown)

Artist In Residence Applicant's Name:

Mailing Address:

City/State/Zip:

Phone Number (please note cell/home/etc):

Best way to reach applicant:

Best time of day to reach applicant:

Artist in Residence Applicant's signature

Date