ARTIST-IN-RESIDENCE REFERENCE FORM

TO BE COMPLETED BY APPLICANT
Studio/medium for which you are applying __________________________

Name __________________________________________________________

Current Address __________________________________________________

Telephone(s) _____________________________________________________

Email ___________________________________________________________

Permanent Address (if different from above) ____________________________

________________________________________________________________

Signature _________________________________________________________

Date __________________________________________________________________

TO BE COMPLETED BY REFERENCE
Please attach a letter with additional comments to this form.

1. Knowledge of applicant:
   What is your relationship to the applicant? ____________________________
   __________________________________________________________________
   I have known the applicant for _____ years  I worked with or taught this applicant for _____ years
   other _______________________________________________________________

2. Quality Rating of Individual (in comparison with others you have worked with)

   self-motivation/initiative
   very good  good  average  poor  unknown

   adaptability/flexibility
   very good  good  average  poor  unknown

   emotional maturity
   very good  good  average  poor  unknown

   ability to interact with peers
   very good  good  average  poor  unknown

   ability to interact with supervisor(s)
   very good  good  average  poor  unknown

   community involvement
   very good  good  average  poor  unknown

   dependability
   very good  good  average  poor  unknown

   stress tolerance
   very good  good  average  poor  unknown

   effective use of time
   very good  good  average  poor  unknown

   leadership
   very good  good  average  poor  unknown

   determination assertiveness
   very good  good  average  poor  unknown

   ability in field of interest
   very good  good  average  poor  unknown

   work habits
   very good  good  average  poor  unknown

   accomplishment within field of interest
   very good  good  average  poor  unknown
3. This residency requires full-time (at least 30 hours) attendance in the studio focusing on making work and 3 - 5 hours per week of duties to the studio (maintenance, group clean-up sessions, etc). Have you observed this applicant's ability to give full attention and energy to this kind of studio life? Please explain.

4. This Residency offers teaching opportunities. If applicable, please comment on this applicant's teaching abilities. Does this assessment come from direct or indirect observation?

5. Please add any comments you feel will help evaluate this applicant's potential as an Artist-in-Residence at the Worcester Center for Crafts. Feel free to attach a letter with additional comments.

Name of reference (please print) ________________________________

Title/Position ____________________________ Institution ________________________________

Date __________________ Signature ________________________________

Address __________________________________________________________

Telephone(s) ______________________________________________________________________

Email(s) __________________________________________________________________________

NOTICE TO APPLICANT: This completed form is to be returned to you in sealed envelope by your reference and submitted with your application materials by the stated deadline.