



## CCMHT ARTIST/SCHOLAR RESIDENCY APPLICATION

DEADLINE APRIL 01, 2011

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

DATES REQUESTING (please provide more than one option) \_\_\_\_\_

*please answer the following on a separate page to be submitted with application form.*

**BIOGRAPHICAL/PROFESSIONAL SUMMARY** (200-500 words)

**DESCRIBE HOW YOUR WORK RELATES TO TWENTIETH CENTURY MODERNISM AND/OR THE LANDSCAPE OF THE OUTER CAPE.**

**HOW DID YOU HEAR ABOUT THE MODERN TRUST?**

**REFERENCES** CCMHT requires two reference forms about your professional ability and suitability for the residency program. Please send a copy of the whole pdf to the people writing the recommendation and have them return directly to CCMHT via mail or email (see following page)

**APPLICATION CHECKLIST** *postmarked by April 1st*

- Application form
- \$25 application fee
- CV (maximum 03 pages),
- 10 images printed on 8.5.x11" paper
- Any additional related writing or images
- 02 letters of recommendation (see recommendation form, please have them sent directly from the person writing the recommendation)

**SIGNATURE** \_\_\_\_\_

**PLEASE MAIL TO:**

Cape Cod Modern House Trust  
RESIDENCY PROGRAM  
PO Box 1191  
South Wellfleet MA 02663

**ANY QUESTIONS PLEASE CONTACT:**

Peter McMahon  
508-349-3022  
Summer 508-349-7616  
email: info@ccmht.org

**THANK YOU**



## CCMHT ARTIST/SCHOLAR RESIDENCY REFERENCE FORM

DEADLINE APRIL 01, 2011

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PROFESSIONAL WORK \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT?

WHAT IS YOUR OPINION OF THE WORK THE APPLICANT?

HAVE YOU EVER COLLABORATED WITH THE APPLICANT? IF SO PLEASE EXPLAIN

PLEASE EXPLAIN HOW THEY COULD CONTRIBUTE TO A RESIDENCY PROGRAM AND THE COMMUNITY.

IS THERE ANY REASON YOU SEE THEY WOULD NOT WORK WELL FOR THIS FORMAT?

SIGNATURE \_\_\_\_\_

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Artist/Scholar Residency  
PO Box 1191  
South Wellfleet MA 02663

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**THANK YOU**