

APP NUMBER _____

LOG IN _____

DAUZAT _____



RIVER OAKS SQUARE ARTS CENTER STUDIO APPLICATION

River Oaks Square has studio space available to qualified artists of the Central Louisiana community. This program is open only to those who are able to make a substantial time commitment to being in the studio doing their work.

1. Applicant _____

Business/Group _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Phone (day) _____

Website _____

Facebook _____

Social Security # _____

Date of Birth _____

Louisiana Resident Since _____

Individual or Group Space _____

Do you have any special needs concerning the studio?

How many hours per week do you plan to work in the studio? _____

Are you interested in teaching classes and/or workshops? _____

Will you attend exhibit receptions (a minimum of 4 out of 7)? _____

2. List work you are submitting for approval.

- _____
- _____
- _____
- _____

3. How long have you been working in the art(s) in which you are applying? _____

4. How long have you been selling your art or actively seeking sales of your art? _____

5. Which of these categories best describe your artwork (check all which apply).

- | | | |
|-------------|----------------|-----------------|
| ___ Clay | ___ Leather | ___ Plastic |
| ___ Fiber | ___ Metal | ___ Wood |
| ___ Glass | ___ Paper | ___ Mixed Media |
| ___ Pastels | ___ Jewelry | ___ Oil |
| ___ Acrylic | ___ Watercolor | |

FOR ROSAC USE ONLY

- | | |
|--------------------------------------|---------------|
| ___ Bio/Artist's Statement | ___ Signature |
| ___ Description of Art | ___ Hours |
| ___ Portfolio | |
| <input type="checkbox"/> Online | |
| <input type="checkbox"/> Flashdrive | |
| <input type="checkbox"/> Actual work | |

On additional pages answer the following questions about the art you are submitting for review.

6. Describe your art in detail. Include materials used. Discuss whether your work is production, limited edition, or one-of-a-kind. Discuss your production capabilities. Are you available for commissions?

7. Describe how you learned your skills. Discuss your influence from formal education, degrees, workshops, books, or your community.

8. List any awards, honors, and membership in art, or craft-related organizations.

9. BUSINESS PRACTICES QUESTIONNAIRE

___ Yes ___ No Retail Sales - Do you want to make sales directly to the general public and have your name distributed and publicized to encourage these types of sales.

___ Yes ___ No Wholesale Sales - Do you want to be contacted by retailers and distributors (in-state and out-of-state) that are interested in handling your work?

___ Yes ___ No Is your work regularly shown or sold in any shops or stores in the state other than your own? List names and addresses. Use additional pages if necessary.

___ Yes ___ No Do you participate in any fairs, festivals, or shows? If yes please check the type.

___ Folklife ___ Craft ___ Juried Only

___ Yes ___ No Do you have a showroom or other studio open to the public?

If yes, please give the following if different from the mailing address above.

Business/Shop Name _____

10. Check that the following are included with this application:

- 4 pieces of current work

Check one:

Online Portfolio

Flash Drive

Actual work

- Bio/Artist's Statement

- Descriptive listing of pieces

- Online portfolio or flash drive

- Articles, brochures, etc...

11. Have you ever been convicted of a felony? ___ Yes ___ No If yes, please elaborate and give dates of conviction. _____

12. CERTIFICATION STATEMENT

I certify that all information contained in this application is true to the best of my knowledge. I further certify that if I am accepted as a studio artist I will follow all guidelines, rules, and regulations of River Oaks Square Arts Center Association, Inc.

Signature _____ Date _____

Please send all applications to Rachael L. Dauzat, Executive Director
River Oaks Square Arts Center, 1330 Second Street, Alexandria, LA 71301
318.473.2670

www.riveroaksartscenter.com