

# FINAL REPORT CREATIVE FELLOWSHIPS



Artist Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Phone \_\_\_\_\_ Artist Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Host Site \_\_\_\_\_

Residency Start Date: \_\_\_\_\_ Actual Days in Residency: \_\_\_\_\_

Residency End Date: \_\_\_\_\_

**Please rate the impact the residency has had on your career or artistic practice.**

|            |          |            |               |     |
|------------|----------|------------|---------------|-----|
| Not at all |          | Moderately |               | N/A |
|            | Slightly |            | Significantly |     |

1. Please consider your original reasons for undertaking the residency when answering the following questions.

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Overall, to what extent were you able to meet the goals that you had established for this residency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Overall, to what extent did the residency expand your artistic practice?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To what extent did the residency advance your career?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Additional comments:   |                          |                          |                          |                          |                          |

2. Please consider in particular the artistic goals for the residency when answering the following questions.

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How satisfied were you with the artistic output from the residency?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How likely are you to repeat this kind of residency or activity as a result of this experience? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please rate the following:

- a. Support from host organization staff
- e. Comfort and convenience of housing

| Very Poor                | Disappointing            | Good                     | Excellent                | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. What else would you like to tell us about your experience in this residency? (add pages as necessary)

5. Did the residency enable you to:

- Create new artwork
- Explore new directions in your working practice
- Exhibit or present your work (existing work or new work created)

6. Were you able to make new professional contacts during the residency?

Yes  No

If yes, please describe

Please attach a **narrative** if there are specific comments or anecdotes that emerged from this residency that you wish to share with the Foundation.

Please include all **visual documentation** for the residency, such as slides, digital images, video footage, etc. please enclose it (or e-mail to [phillip@midatlanticarts.org](mailto:phillip@midatlanticarts.org)) along with your final report to

**Mid Atlantic Arts Foundation 201 North Charles Street, Suite 401, Baltimore, Maryland, 21201.**