

INDIVIDUAL ARTIST REQUEST FORM

HOPSCOTCH HOUSE

8221 WOLF PEN BRANCH ROAD
PROSPECT, KY

PLEASE VISIT OUR WEBSITE AT WWW.KFW.ORG

HOPSCOTCH HOUSE IS A PROGRAM OF THE KENTUCKY FOUNDATION FOR WOMEN

**Please fill in the following form and answer the questions on page 3.
Mail completed form and written request to the address above.**

Dates desired: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Name of individual: _____

Street address: _____

City: _____ State: _____ Zip code: _____ County _____

Telephone (day): _____ Telephone (evening): _____

Email address: _____ Fax number: _____

Emergency Contact/Phone number: _____

Day/Arrival Time: _____ Day/Departure Time: _____

How did you learn about Hopscotch House? _____

Have you ever been to Hopscotch House? Yes _____ No _____

If yes, please check the nature of your visit:

Artist Residency _____ Individual Retreat _____ Group Retreat _____

Founder's Day/KFW Day _____ Special Programming _____

Other (please specify) _____

Have you received a grant from KFW? Yes _____ No _____

(This question is for information purposes and will not affect your request to use Hopscotch House or any future KFW grant applications.)

Please circle the art form that you will be concentrating on during your stay at Hopscotch House.

Performing: Theatre-performance Theatre-playwriting Dance-choreography
Dance-performance Music-composition Music-performance
Performance Art Spoken Word

Media: Installation Art Film-screenwriting Film-video making
Digital Art Photography Audio production

Visual: Painting Sculpture Crafts
Fiber Arts Mixed Visual Media

Literary: Fiction Nonfiction Creative Nonfiction Poetry
Academic/Critical Writing Journalism Political/Activist Writing

Other (please specify) _____

Optional Demographic Information

Please note: This information is optional. By providing this information, you help KFW ensure that Hopscotch House is accessible to a wide range of individuals. Please circle the appropriate response.

Age: under 21 21-30 31-40 41-50 51-60
61-70 71-80 over 80

Disabled: Yes No

Low income: Yes No
(Based on eligibility to receive income-based benefits from a federal assistance plan).

Ethnicity: African-American Asian Latina Native American
Caucasian Other (please specify) _____

Education: Did not finish high school High school diploma/GED
College, no degree 2-yr College degree
4-yr College degree Post-graduate degree

Sexual Orientation: Heterosexual Bisexual Lesbian Gay Other _____

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WRITTEN REQUEST

Please attach one or two pages addressing the following questions. Please number your answers.

1. Describe your artistic development thus far. (Please include whether you consider yourself an emerging/aspiring, mid-career, or established artist.)
2. Do you consider your artwork feminist* and/or social change oriented? Why or why not?
3. Describe how you will use your time at Hopscotch House, including what you hope to accomplish.
4. How will the unique environment at Hopscotch House (the land, facilities, community of artists, etc.) enhance your development as a feminist, social change artist?
5. Do you require a studio space separate from your residential space?
6. Do you have any special needs that may affect your stay at Hopscotch House?

KFW recognizes **feminism as a dynamic force for social change that varies across age, ethnicity, economic class, geography, sexuality, and other differences. For this reason, KFW does not promote a single definition of feminism but encourages individuals to describe their own understanding and practice of feminism.*

*The KFW Board of Directors has defined positive **social change** outcomes as: eliminating societal barriers to women; neutralizing discrimination against women based on age, race, ethnicity, sexual orientation, physical ability, education, economic condition, and geographic origin; and producing actions, conditions, policies, attitudes and behaviors that benefit women.*

Please complete and mail to:
KFW Hopscotch House Request
1215 Heyburn Building
332 West Broadway
Louisville, KY 40202

Note: *Please do not fax or email your request.*