

INDIVIDUAL ARTIST REQUEST FORM

HOPSCOTCH HOUSE

8221 WOLF PEN BRANCH ROAD

PROSPECT, KY 40059

502-228-4875

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: First choice _____ Second 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

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 an annual net income of less than \$16,700 for a household of one or \$22,500 for a household of two.)

Ethnicity: African-American Asian Latino 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 _____

INDIVIDUAL ARTIST REQUEST FORM

WRITTEN REQUEST

Please attach one or two pages addressing the following questions.

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? Why or why not? *
3. Describe how you will use your time at Hopscotch House, including what you hope to accomplish.
4. How do you anticipate that your stay at Hopscotch House will benefit your development as an artist and/or feminist?
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:
Hopscotch House
8221 Wolf Pen Branch Rd.
Prospect, KY 40059

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