

Artist Information Form

Contact Information:

Name _____ Phone (day) _____
Address _____ Phone (evening) _____
City, State, Zip _____ Phone (cell) _____
Website _____ Email _____

Would you like to receive the Westchester Arts Council's Eblasts? ☐ Yes ☐ No

Would you like to receive the Westchester Arts Council's monthly Artist Opportunity Email Newsletter? ☐ Yes ☐ No

Have you lived in Mount Vernon previously? ☐ Yes ☐ No

Description of Work/History:

Art Form (painting, photography, etc)	
Medium (oil, black and white, etc)	
Style (abstract, portraiture, etc)	
Do you have any affiliation with the Westchester Arts Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.
Are you gallery represented?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Do you have teaching experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.
Resume attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Images attached (only disks containing 300 dpi digital images will be accepted- do not send hard copies or originals)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use the back of this page to elaborate if necessary

Please return by mail to:
Julia Dixon, Westchester Arts Council,
31 Mamaroneck Avenue, 3rd Floor, White Plains NY 10601