



NEW ROCHELLE ARTIST CERTIFICATION APPLICATION

Step 1. Personal Information

APPLICANT/ARTIST NAME (PLEASE PRINT): _____
CURRENT MAILING ADDRESS: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

Step 2. Artistry Information

CURRENT FIELD OF ARTISTRY: _____
WEBSITE/LINK TO DIGITAL PORTFOLIO (IF AVAILABLE): _____

Step 3. Verification & Signature

By my signature below, I hereby certify that the information above is true and correct to the best of my knowledge. I understand that false or misleading statements regarding the above may disqualify me from consideration as a Certified Artist in the City of New Rochelle.

APPLICANT/ARTIST SIGNATURE: _____
DATE: _____

Step 4. Attachments

In order for this Artist Certification application to be considered complete, please affix the following to this completed application form:

- Artist Resume
- (3) Letters of Recommendation
- 3-5 Representative Examples of Artwork
 - If printed, please print in color and in a format no larger than 11x17"*
 - Photographs of non-print artwork/media will be accepted*

FOR OFFICE USE ONLY

Date of Municipal Art Commission (MAC) Meeting: _____
Record of MAC Decision: _____
Staff Signature: _____