

Department of Development

Tel: 914.654.2185

Fax: 914.632.3626



City Hall
515 North Avenue
New Rochelle, NY 10801
www.newrochelleny.com

Potter Avenue Bridge Mural Contest Individual Application

*Please complete this application if you are signing up as an Individual Applicant. If you are signing up as a Team, please complete the Team Application.

Applications may be submitted by email to tcastald@newrochelleny.com. Applications may also be submitted by mail to: City of New Rochelle Department of Development, 515 North Avenue, New Rochelle, NY 10801.

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____ Date of Birth: _____

Age of Applicant: _____

If Applicant is not over 18, please provide Parents/Guardians Information below.

Parents/Guardians Name(s): _____

Parents/Guardians Phone Number(s): _____

Educational Information

Is the applicant currently a student? Yes ___ No ___

Name of High School: _____

Year of Graduation/Anticipated Year of Graduation: _____

Name of College (Undergraduate): _____

Year of Graduation/Anticipated Year of Graduation: _____ Degree: _____

Name of College (Graduate): _____

Year of Graduation/Anticipated Year of Graduation: _____ Degree: _____

Employment Information

Is the applicant currently employed? Yes ___ No ___

Name of Employer: _____

Occupation: _____

Artwork Information

Name of Artwork: _____

Description of Artwork (Please include a detailed description of the artwork, clearly identifying the major elements of the piece):

If chosen, what is the anticipated timeframe to start the project and to complete the project?

Please identify the estimated cost of the artwork. _____

Please describe any previous experience(s) working on public art project(s). Please provide photos if possible.

I (we) certify that the information provided in this application is accurate and free from any material misstatements.

Applicant:

Signature: _____ Print Name: _____ Date: _____

Parent/Guardian (if applicant is under 18):

Signature: _____ Print Name: _____ Date: _____