

**The Edward F. Albee Foundation, Inc.
14 Harrison St. - New York New York 10013 - (212) 226-2020**

Thank you for your interest in applying to the Edward F. Albee Foundation.

The Foundation maintains the William Flanagan Memorial Creative Persons Center (better known as "The Barn") in Montauk, on Long Island in New York, as a residence for writers, visual artists of all media, and composers.

New: The Center is open from **Mid-May to Mid-October**, and can accommodate comfortably up to five persons at a time. Residencies are for **four or six** week periods of time. The standards for admission are, simply, talent and need.

Located approximately two miles from the center of Montauk and the Atlantic Ocean, "The Barn" rests in a secluded knoll which offers privacy and a peaceful atmosphere. The Foundation expects all those accepted for residence to work seriously and to conduct themselves in such a manner as to aid fellow residents in their endeavors. Writers and composers are offered a room; visual artists are offered a room and studio space. Residents are responsible for their food, travel, and other expenses. The environment is simple and communal. Residents are expected to do their share in maintaining the condition of "The Barn" as well as its peaceful environment.

The Foundation is pleased to accept applications AFTER JANUARY 1, 2012 for the 2012 Summer Season; applications must be **post-marked no later than March 1st, 2012** and must arrive--through the mail--no later than March 8th.

All applications must be sent to:

The Edward F. Albee Foundation
14 Harrison St., New York, NY 10013

Via REGULAR MAIL ONLY. Any materials arriving by hand, requiring additional postage, signature (e.g. FedEx, UPS, Express Mail, etc.), or any form of personalized receipt will not be accepted (this includes certified mail).

FELLOWSHIPS WILL BE ANNOUNCED BY APRIL 15TH.

NOTE TO APPLICANTS FROM OUTSIDE THE USA: Your applications must arrive **BEFORE February 15th**. NOTE: DUE TO POSTAL REGULATIONS, SUBMISSION MATERIALS FROM OUTSIDE THE UNITED STATES WILL NOT BE RETURNED. Be certain to include English translations of all materials.

GUIDELINES

To apply:

Applicants should complete the enclosed forms and include:

- ❑ Visual Artists: 6-12 slides/print-outs of work (**NO DIGITAL FILES**)
- ❑ Playwrights/Screenwriters*: A full manuscript
- ❑ Poets*: Up to 12 poems
- ❑ Fiction Authors*: 1 short story or 2 chapters from a novel
- ❑ Non-fiction/ memoir/ journalism*: 2 chapters or 2 essays/articles
- ❑ Composers: Recording of at least 2 original compositions

*Please note: writers who write in a foreign language should apply with English translations of their work.

You must be able to take full credit for the creation of your work sample. No collaborations unless applying as a team!

ALL APPLICANTS must also include:

- ❑ An up to date resumé
- ❑ 2 letters of recommendation from professionals familiar with you and your work (**included in packet, not sent separately**)
- ❑ An artist's statement explaining your current need for a residency, as well as the details of the proposed project while in residence (1 page, please)
- ❑ 2 adhesive labels bearing your name only (last name first)
- ❑ **A stamped, self-addressed envelope, with sufficient postage, if you want your work sample returned to you (US ADDRESSES ONLY). If your materials weigh more than 13 oz. it must have electronically produced postage (e.g, - online-generated label) and not regular postage stamps. ALSO: NO MEDIA MAIL! IT WILL BE REJECTED BY THE USPS AND THEREFOR DISCARDED BY US.**

APPLICATIONS LACKING ANY OF THESE ITEMS WILL NOT BE PROCESSED

Applicants should request a specific month for residency, but should also include one or two alternative choices. (The Foundation is often unable to accommodate first choices.) Please alert us if you are applying to more than one foundation for the same period of time, or if you know you will be unavailable for any particular month.

The foundation does not discriminate against persons with aids or any other preexisting medical condition. The Foundation encourages qualified artists from all backgrounds to apply. It does not discriminate against anyone on any basis whatsoever.

PLEASE DO NOT DOUBLE-SIDE PRINT THE FORMS!

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APPLICATION FORM

NAME _____
(Last) (First)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____
(Day) (Eve)

EMAIL _____

Circle One: Writer / Visual Artist / Composer

If Writer, list title(s) of submissions (poets may title collection):

Are you able to accept a 6 week term (mid-May/June or Sept/mid-Oct)? _____

Order your preferred months by number: _____
May/Jun Jul Aug Sep/Oct

BE SURE TO ENCLOSE:

- This form
- A signed and dated PERSONAL INFORMATION FORM (next page)
- Two **adhesive** labels with name only (**last name first**)
- Work sample(s) (see guidelines for details)
- Artist's statement
- An up-to-date resumé
- Two letters of recommendation (**these MUST accompany application, they MAY NOT be sent separately**)

Letters from: a) _____ b) _____

- A self-addressed stamped envelope with sufficient postage for return of work sample (U.S. ADDRESSES ONLY), **OR:**

Check here to have materials recycled when finished _____

I have never applied before: _____

I have applied before, and was accepted: _____ in _____
(Year)

I have applied before, and was wait-listed: _____ in _____
(Year)

I have applied before, and was not accepted: _____

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PERSONAL INFORMATION FORM

THE FOLLOWING INFORMATION IS ASKED OF ALL APPLICANTS AND IS KEPT CONFIDENTIAL.

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DATE OF BIRTH _____

IN CASE OF ILLNESS, INJURY, OR EMERGENCY, THE FOUNDATION SHOULD CONTACT:

1) NAME _____

ADDRESS _____ PHONE _____

2) NAME _____

ADDRESS _____ PHONE _____

ARE YOU ALLERGIC TO ANY DRUGS?

IS THERE ANY SPECIAL MEDICAL INFORMATION ABOUT YOURSELF THAT A PHYSICIAN SHOULD KNOW?

IF YOU WISH THE FOUNDATION TO REACH A PHYSICIAN WHO IS FAMILIAR WITH YOUR MEDICAL HISTORY, LIST HERE:

DOCTOR'S NAME _____

ADDRESS _____ PHONE _____

PLEASE BE AWARE THAT THERE ARE NO MEDICAL FACILITIES AT THE BARN

Please read the following statements and sign:

It is agreed that all guests will abide by the established customs of the Foundation and the Barn community. It is understood that a guest's visit may be terminated at any time entirely at the discretion of the Foundation. It is further understood that use, possession, or distribution of illegal substances by Foundation fellows or their guests will result in immediate termination of residency. It is understood that the Foundation reserves final residency scheduling authority.

Signature _____ Date _____