

DATE MAILED _____



(For office use only)
DATE RECEIVED _____

RESIDENT PLAYWRIGHT PROGRAM APPLICATION

Please consider me for inclusion in your Resident Playwright program. I have read the full description in your *Opportunities for Playwrights* booklet, and understand the Residency regulations, responsibilities and procedures.

Signature _____

Mr. Ms. -- Name (Please print) _____

Street Address _____ City / State / Zip _____

Home phone _____ Other phone _____ Fax _____

Email _____

I AM ENCLOSING THE FOLLOWING:

-- TWO PLAYS • Any type, at least one of which must be a full-length play. No adaptations, collaborations, screenplays, or plays for young audiences. Only scripts accompanied by SASE will be returned.

PLAY
TITLE _____

PLAY
TITLE _____

-- 1-2 page RESUME or BIOGRAPHY • Include playwriting accomplishments and activities, and any pertinent experience in related writing or theatrical fields. Specify organizations, locations and dates. Professional accomplishment should include at least some of the following: productions, workshops or readings at professional theatres; film or television productions; or professional playwriting awards, grants, fellowships or residencies. Reviews and programs are welcome but optional.

-- 1-2 page LETTER OF INTENT describing (A) what I hope to accomplish through Residency and how I will use Residency, and (B) how I am familiar with Chicago Dramatists.

-- LETTER OF RECOMMENDATION, written specifically for this purpose, from a theatre or literary professional.

Name of Recommender _____

Title (if applicable) or profession _____

Institutional affiliation (if applicable) _____

City / State _____

-- (Optional) SASP to confirm receipt of my submission.

APPLICATIONS ARE CONSIDERED ONLY WHEN ALL THE ABOVE MATERIAL IS INCLUDED.

Applications are accepted annually, February 1 - April 1. **POSTMARK DEADLINE: APRIL 1.** Notification: Sep. 1.

Send to: **RESIDENT PLAYWRIGHT PROGRAM**
Chicago Dramatists
1105 W. Chicago Avenue
Chicago, IL 60622-5702