



ARTIST APPLICATION

No Application Fee

Name: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

Email: _____ Website: _____

Signature indicates that the artist has read and agrees to abide by the conditions & guidelines described by the Broomfield Veterans Memorial Museum.

Signature: _____ Date: _____

SUBMITTED ARTWORK (Maximum of ten separate artworks for review)

1) Title: _____ Media: _____ Dimensions: _____ Date: _____

2) Title: _____ Media: _____ Dimensions: _____ Date: _____

3) Title: _____ Media: _____ Dimensions: _____ Date: _____

4) Title: _____ Media: _____ Dimensions: _____ Date: _____

5) Title: _____ Media: _____ Dimensions: _____ Date: _____

6) Title: _____ Media: _____ Dimensions: _____ Date: _____

7) Title: _____ Media: _____ Dimensions: _____ Date: _____

8) Title: _____ Media: _____ Dimensions: _____ Date: _____

9) Title: _____ Media: _____ Dimensions: _____ Date: _____

10) Title: _____ Media: _____ Dimensions: _____ Date: _____

Artists will be chosen by the Museum's Exhibition Committee. Exhibition dates and locations are determined by the BVMM.

Submission checklist:

- | | | |
|---|---|--|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Artist statement/bio | <input type="checkbox"/> CD/USB with images of submitted artwork |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Letter of intent | |

Alternate submission format: Hard copy/CD applications mailed to:

Broomfield Veterans Memorial Museum
Attn: Museum Curator
12 Garden Center
Broomfield, CO 80020

Inquiries: curator@broomfieldveterans.org