



Application for Studio Space
The Lab at Convergence
1819 Quaker Lane

Name: _____
Address: _____ City _____ State _____ Zip _____
Phone (Home): _____ (Cell): _____
Email: _____
Website: _____

Space for which you are applying:	
Current Space	___
Shared Studio 1	___
Shared Studio 4	___
Studio 2 A	___
Studio 2 B	___
Studio 3 A	___
Studio 3 B	___

- Please describe your primary artistic discipline or media:**
- Do you use any of the following in your work? If so, please explain.**
Solvents/Acids/Solder/Gas/Butane
220V power/Vibrating equipment/Power tools
Very heavy equipment (300 lbs or more)

3. What levels or frequency of noise, vibration, or odor will your activities produce?

4. Describe your workspace needs/desires in terms of the following:

- | | |
|-----------------------|-------------------------------|
| Water/sink | Electric/voltage requirements |
| Propane or other fuel | Number of power outlets |
| Exhaust/ventilation | Temperature control |
| Square footage | Other special needs |

5. How many hours per week do you currently spend in your studio?

6. How many hours per week would you spend at the studio?

7. Why do you desire a studio space at Convergence? *(This is a community dedicated to supporting culture creators and to the exploration of the intersection between the spiritual and the creative. Please let us know how/why you would like to be a part of our community).*

8. How do you intend to use this space?

9. What are your artistic goals for the next two years?

10. What is the retail price range of your work or service?

11. How did you hear about Convergence?

Please submit with portfolio for review to Lisa Hawkins, Artistic Director, by email: lhawkins@convergenceccf.net, in person or by mail.

I affirm that all information contained in this application is correct to the best of my ability.

Signature: _____ **Date:** _____