

**The Paden Institute and Retreat for Writers of Color
Writer-in-Residence Application**

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State)

(Country) (Zip Code)

TELEPHONE(____) _____ E-MAIL _____

GENDER _____ ETHNICITY _____

WHAT LANGUAGES DO YOU SPEAK? _____

REFERENCES: (Please provide names, addresses and telephone numbers of at least
3 persons who know you.)

1) _____

2) _____

3) _____

WHY ARE YOU INTERESTED IN BECOMING A WRITER-IN-RESIDENCE AT
THE PADEN INSTITUTE AND RETREAT? (Please attach to this application a one
page typed response.)

WHAT DATES WOULD YOU LIKE TO BE IN RESIDENCE? _____

There is a \$20.00 Application Fee.

**Mail Application and Check to: CHARLES TOUHEY
PINE WEST PLAZA, BUILDING #2
WASHINGTON AVENUE EXTENSION
ALBANY, NY 12205**

E-Mail: clt@touheyassociates.com