

## **Winter Shakers Application Form**

**Former Resident Name:**

**Year/Month of Residency at Millay Colony:**

**Address:**

**Email/website address:**

**Telephone:**

**Time Period Requested (in one week increments):**

**Reason for seeking a retreat at Millay Colony:**

**Please attach a brief biography or resume. Send forms to:**

**Calliope Nicholas, Residency Director  
Millay Colony for the Arts  
PO Box 3 Austerlitz, NY 12017**

**Email: [residency@millaycolony.org](mailto:residency@millaycolony.org)  
Phone: 518-392-3103**