

**Please fill out this form and include with your application materials.**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I live or have a current studio space within the Growth Management Area of Fort Collins.**  
**Confirm at [fcgov.com/growth-management-area](http://fcgov.com/growth-management-area)**

☐ Home Address: \_\_\_\_\_

☐ Studio Address: \_\_\_\_\_

**Neighborhood Transformer Cabinet Mural Project (optional)\***

☐ I am interested in applying to the Neighborhood Transformer Cabinet Mural Project

\*Artists who select the Neighborhood option will also be considered for a Transformer Cabinet Mural, but if selected, will be assigned only one or the other.

If applying for the Neighborhood Transformer Cabinet Mural Project, please tell us about any prior experience with community engagement projects and why you are interested in this specific community engagement project.

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