

# FOX FOUNDATION RESIDENT ACTOR FELLOWSHIPS

Administered by Theatre Communications Group

## POSTMARK DEADLINE: June 3, 2011, Midnight EDT

**NOTE:** All application materials must be complete, using a font no smaller than 11-point Times New Roman and should be submitted single-sided, unstapled and on 8.5" x 11" paper. No hand written applications or materials will be accepted. All materials must adhere to the space or page restrictions specified and any additional pages will not be forwarded to the panel. Please clip pages and do not staple. If you have any questions, contact Sarah McLellan, Artistic Programs Associate, at 212-609-5900, ext. 214 or smclellan@tcg.org.

### CHECK THE FELLOWSHIP SUPPORT YOU ARE SEEKING: *Extraordinary Potential* *Distinguished Achievement*

Applicants for in the *Extraordinary Potential* category will be exceptionally talented, early to mid-career actors who have completed their training within the last fifteen years. Applicants in the *Distinguished Achievement* category are exceptionally talented actors who have demonstrated considerable experience in professional theatre, with a substantial body of work.

Name of Actor

Host Theatre

Address

Address

City, State/Locality, Zip/Postal Code

City, State/Locality, Zip/Postal Code

Telephone/Mobile

Host Theatre Website

Email

Year of Theatre's First Producing Season

Please respond to the following questions:

- If applicable, when did you complete your academic and/or formal training? \_\_\_\_\_
- How many professional productions have you worked on? (Productions are considered professional if all artists are paid for their work; productions at educational institutions or community theatres do not meet this requirement).  
\_\_\_\_\_
- For *Extraordinary Potential* Applicants: If named as a recipient, do you plan to apply for Student Loan Repayment Funds?  
 YES  NO
- List two individuals who will submit letters of recommendation for you. Copies of the Letter of Recommendation Form are included in this document. They can be submitted under separate cover. The postmark deadline for letters of recommendation is June 3, 2011.

Name

Title

Name

Title

Federal Tax ID Number

Host Theatre Application Contact Name

Host Theatre Application Contact Title

Host Theatre Application Contact Telephone

Host Theatre Application Contact Email

It is the responsibility of the host theatre to notify TCG if any of the above contact information changes or if there are artistic leadership changes.

SUBMIT APPLICATIONS TO:  
**FOX FOUNDATION RESIDENT ACTOR FELLOWSHIPS**  
Theatre Communications Group  
520 Eighth Avenue, 24th Floor  
New York, NY 10018-4156

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Narratives should be clearly focused, detailed and should fully address the questions listed below.

Narratives should be double-spaced, and printed on single-sided pages. The page margins must be 1" on all sides.

First, type the question in bold and then answer directly below the corresponding question in regular font style.

With the exception of the application form, each page should include a header in the upper right hand corner stating the actor's first and last name.

**ACTOR NARRATIVE** (5 pages maximum, double spaced, numbered pages)*To be completed by the Actor*

- 1.** Why have you chosen to identify yourself as an actor of *Extraordinary Potential* or *Distinguished Achievement*?
- 2.** Describe your artistic process. What inspires and informs your work?
- 3.** Describe your approach to a particularly challenging role you performed. How did you incorporate your training into the role?  
If applicable, how were you challenged to work in new forms?
- 4.** Discuss your long-term artistic and professional goals, and how your goals relate to acting in not-for-profit theatre.
- 5.** Why is this the right time in your career to request a Fox Fellowship?
- 6.** How will the Fellowship allow you to challenge yourself in ways that you could not otherwise? (What skills do you want to develop, techniques do you want to learn, etc.)
- 7.** Why have you chosen to work with your proposed host theatre?
  - a.** If this is a new relationship, what prompted you to approach this particular theatre, and what do you hope to learn? How will establishing a relationship with this company contribute to the fulfillment of your goals?
  - b.** If this is an established relationship, discuss your history with the company and how cultivating a deeper relationship with the company will contribute to the fulfillment of your goals.
- 8.** Detail your plans to use the Fellowship funding. Note travel schedule, workshops, training/academic courses, retreats, festivals, etc.  
If training is cited, explain your past history with the form and how the training will enhance and/or change your approach to acting.  
If a specific artistic project is the Fellowship goal, note collaborators and development schedule.
- 9.** Address the projected outcome of the residency. How will you know if your Fellowship has been successful?
- 10.** Is there anything else you would like the selection panel to know about you as an artist?

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With the exception of the application form, each page should include a header in the upper right hand corner stating the actor's first and last name.

**HOST THEATRE NARRATIVE (4 pages maximum, double spaced, numbered pages)*****To be completed by the Host Theatre***

1. How does this actor demonstrate *Extraordinary Potential* or *Distinguished Achievement*?
2. Why is this relationship important to the theatre?
  - a. If this is a new relationship, discuss why your company has agreed to host this actor on a Fox Fellowship.
  - b. If this is an established relationship, discuss your prior history, and how a Fellowship will deepen or transform your current relationship with the actor.
3. Why is this the right time to assist this actor in his/her artistic and professional development?
4. How will this residency impact, connect with and/or support your theatre's mission and organizational goals?
5. Briefly describe how the \$7,500 host theatre funding will be used in support of the actor's Fellowship.  
(A complete budget is not required.) If the actor will be contracted for work outside his /her Fellowship activities between October 1, 2011 and March 1, 2014, please explain how s/he will be remunerated.
6. Address the projected outcome of the residency. How will you know if the Fellowship has been successful?

**JOINT NARRATIVE (3 pages maximum, double spaced, numbered pages)*****To be completed jointly by the Actor and Host Theatre***

1. Describe, as specifically as possible, the intended joint goals, plans and process for the implementation of the actor's Fellowship activities. How do these goals and plans demonstrate a mutual commitment to the actor's Fellowship activities?
2. Indicate the name and title of the individual who will serve as liaison for the actor's residency. How will this person support the actor's Fellowship goals?

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## FINANCIAL INFORMATION FORM

HOST THEATRE \_\_\_\_\_

CITY, STATE \_\_\_\_\_

Complete this form using data from your most recently completed fiscal year. Please include all NARTR (Net Assets Released from Temporary Restrictions) income in the source line item only.

### OPERATING BUDGET:

FISCAL YEAR STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

### UNRESTRICTED INCOME:

#### 1. Unrestricted Earned Income

a Box Office ..... \$ \_\_\_\_\_

b Other Earned Income ..... \$ \_\_\_\_\_

**Subtotal unrestricted Earned Income (sum of 1a and 1b) ..... \$ \_\_\_\_\_**

#### 2. Unrestricted Contributed Income (including NARTR<sup>1</sup>)

a Federal Government ..... \$ \_\_\_\_\_

b State Government ..... \$ \_\_\_\_\_

c Local Government ..... \$ \_\_\_\_\_

d Individuals ..... \$ \_\_\_\_\_

e Corporations..... \$ \_\_\_\_\_

f Foundations..... \$ \_\_\_\_\_

g Other contributions (fundraising, United Artist Fund, sheltering org., etc) ..... \$ \_\_\_\_\_

h Donated services/Materials/facilities<sup>2</sup> ..... \$ \_\_\_\_\_

**i Subtotal Unrestricted Contributed Income ..... \$ \_\_\_\_\_**

**3. Total Unrestricted Contributed Income (sum of 1 and 2) ..... \$ \_\_\_\_\_**

### EXPENSES:

#### 4. Payroll expenses

a Artistic salaries and fees..... \$ \_\_\_\_\_

b Production salaries and fees ..... \$ \_\_\_\_\_

c Administrative salaries ..... \$ \_\_\_\_\_

d Fringe Benefits ..... \$ \_\_\_\_\_

**Subtotal payroll expenses (sum of 4a to 4d) ..... \$ \_\_\_\_\_**

#### 5. Non-Payroll expenses

a Artistic expenses (travel, per diem) ..... \$ \_\_\_\_\_

b Royalties and commissions ..... \$ \_\_\_\_\_

c Production expenses ..... \$ \_\_\_\_\_

d Development ..... \$ \_\_\_\_\_

e Marketing..... \$ \_\_\_\_\_

f Public Relations..... \$ \_\_\_\_\_

g Occupancy ..... \$ \_\_\_\_\_

h Administrative/Other ..... \$ \_\_\_\_\_

**Subtotal non-payroll expenses (sum of 5a to 5h) ..... \$ \_\_\_\_\_**

**6. Total expenses (sum of 4 and 5) ..... \$ \_\_\_\_\_**

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## (FINANCIAL INFORMATION FORM CONT'D)

HOST THEATRE \_\_\_\_\_

CITY, STATE \_\_\_\_\_

7. Change in Unrestricted Net Assets (subtract line 3 from line 6) . . . . . \$ \_\_\_\_\_

8. Unrestricted Net Assets at the Beginning of the Company's Fiscal Year . . . \$ \_\_\_\_\_

9. Unrestricted Net Assets at the End of the Company's Fiscal Year . . . . . \$ \_\_\_\_\_  
(subtract line 7 from line 8)

10. If your theatre has negative unrestricted net assets at the end of the year (accumulated deficit) exceeding 20% of your annual operating budget, please explain your plans to retire it in the space below. It would also be helpful to the selection panel to know the nature of this debt, including to whom your organization is obligated.

11. (If applicable) Were there any unusual transfers of funding from the company's endowment or reserves? If so, please discuss the nature of the transfer.

### 12. New Play Development Activities

(List expenses in the following categories from the most recently completed fiscal year)

Play commissioning . . . . . \$ \_\_\_\_\_

Staged readings . . . . . \$ \_\_\_\_\_

Workshop productions . . . . . \$ \_\_\_\_\_

Full production of new plays . . . . . \$ \_\_\_\_\_

### 13. Productivity

Total attendance for all productions<sup>3</sup>: . . . . . # \_\_\_\_\_

Total number of subscribers: . . . . . # \_\_\_\_\_

Total number of productions<sup>3</sup>: . . . . . # \_\_\_\_\_

Total number of performances<sup>3</sup>: . . . . . # \_\_\_\_\_

### 14. Work Force

Total number of paid full-time artistic personnel<sup>4</sup>: . . . . . # \_\_\_\_\_

Total number of paid part-time artistic personnel: . . . . . # \_\_\_\_\_

Total number of all paid administrative personnel<sup>5</sup>: . . . . . # \_\_\_\_\_

Total number of all paid technical personnel<sup>6</sup>: . . . . . # \_\_\_\_\_

Total number of all paid personnel: . . . . . # \_\_\_\_\_

<sup>1</sup> NARTR= Net Assets Released from Temporary Restrictions: Assets that were temporarily restricted in a previous year and have been released into the unrestricted fund during the current fiscal period by the satisfaction of either a time or purpose restriction. This amount should show up on your audit as a negative amount in the Temporary Restricted column and a positive amount in the Unrestricted column.

<sup>2</sup> Enter all in-kind contributions of services, goods and facilities only if they were included in your audited statement and the total amount of this line is offset by the amount reflected in the Expenses section (Question 6 of this form).

<sup>3</sup> Include tours and free performances.

<sup>4</sup> Artistic personnel includes actors, artistic director, literary manager, dramaturgs, casting director, stage managers, directors, designers, musicians.

<sup>5</sup> Administrative personnel includes managing directors, associate managing directors, general managers, company managers, finance office staff, maintenance, administrative support staff, etc.

<sup>6</sup> Personnel includes production manager; scene, prop and costume shop personnel; electricians and sound staff, etc.

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**POSTMARK DEADLINE: June 3, 2011, Midnight EDT**

You are being asked to provide a recommendation for an applicant to the Fox Foundation Resident Actor Fellowships. The goals of the fellowship are to further the actor's artistic and professional development; to establish and/or deepen his/her relationship with a non-for-profit professional theatre; and to encourage the actor to work outside his/her comfort zone. The program will bestow a total of four Fellowships per year in two categories: *Extraordinary Potential* and *Distinguished Achievement*. Actors in the *Extraordinary Potential* category will receive an award of \$15,000, with up to an additional \$10,000 available to relieve student loans; actors of *Distinguished Achievement* will receive a \$25,000 award. Host theatres will receive grants of \$7,500 to cover costs incurred in residency activities. More information on the Fellowship is available at [www.tcg.org](http://www.tcg.org).

In addition to your overall assessment of the actor's excellence, please describe at least one piece in which you have seen this person perform. It is possible that members of the advisory panel will not be familiar with this person's work. Therefore, your assessment will carry considerable influence.

NAME OF CANDIDATE \_\_\_\_\_

CATEGORY APPLYING FOR:

**Extraordinary Potential:**  
Exceptionally talented, early- to mid-career actors who have completed their training within the last fifteen years.

**Distinguished Achievement:**  
Exceptionally talented actors who have demonstrated considerable experience in professional theatre, with a substantial body of work.

REFERENCE STATEMENT

Please type or word process. Attach a second sheet if necessary.

NAME OF RECOMMENDER \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE CONSIDERED, THIS FORM MUST BE SIGNED AND POSTMARKED NO LATER THAN JUNE 3, 2011, MIDNIGHT EDT.**

Please mail to: Sarah McLellan, Artistic Programs Associate, Fox Foundation Resident Actor Fellowships, Theatre Communications Group, 520 Eighth Avenue, 24th Floor, New York, NY 10018-4156.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOX FOUNDATION RESIDENT ACTOR FELLOWSHIPS**

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**REGISTRATION AND POSTMARK DEADLINE: June 3, 2011, Midnight EDT**

Applications must be jointly developed by the actor and host theatre, and submitted by the actor.

1. Complete the Online Registration Form by the postmark deadline (June 3, 2011, Midnight EDT): [www.tcg.org/grants/fox/fox\\_registration.cfm](http://www.tcg.org/grants/fox/fox_registration.cfm)  
Keep the confirmation e-mail for your files. If you do not receive a confirmation e-mail, your registration has not been processed.

All application materials must be completed using

- a font no smaller than 11-point Times New Roman
- submitted single-sided, unstapled and on 8.5" x 11" paper
- with at least 1" margins on all sides
- in the order listed below.

Applications must be typed and not handwritten. Headshots, brochures, reviews and other supplemental material will not be accepted.

No photos of any kind are allowed within the application documents.

**2. The typed and signed Application Form****3. The Actor Narrative****4. The Host Theatre Narrative****5. The Joint Narrative****6. The Actor's Resume** with production dates, listing only professional experience as an actor and related training no longer than two single-sided pages in length;**7. The Host Theatre's Mission/History Statement****8. The Host Theatre's Current Season Schedule** noting only title, playwright, director and venue. Do not submit a brochure.

Please also include the following:

**9. One photocopy of all the materials listed above**, in the order listed. Please do not staple, and use only one clip.**10. One copy of document proving citizenship/residency:** birth certificate, voter registration card, passport or green card.**11. One copy of the Host Theatre's Audited Financial Statement** (a Form 990 is acceptable)**12. Two Letters of Recommendation** (may be sent under separate cover)

Please use the Letter of Recommendation Form included in the Application Form PDF.

All applications must be submitted by the June 3, 2011 postmark deadline to:

**FOX FOUNDATION RESIDENT ACTOR FELLOWSHIPS****Theatre Communications Group****520 Eighth Avenue, 24th Floor****New York, NY 10018-4156**

Faxed or e-mailed applications and materials will not be accepted. Any additional pages or materials will not be forwarded to the panel.

Be sure to keep a copy for your records.

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I have read the guidelines and provided all of the requested materials from the application checklist in the correct format and I have completed the online registration. By signing this application I attest that to the best of my knowledge, information stated in this application is true and correct. The document has been authorized by the artistic and managing leadership of the applicant theatre. All parties will comply with the guidelines of this program if funding is approved.

I have reviewed all sections of the completed Application Package and agree to its thesis and goals. I am in full support of this proposed Fellowship and commit to its overall schedule, starting no earlier than October 1, 2011 and ending no later than March 1, 2014, with the actor in residence at the host theatre for a minimum of four months during that time period.

\_\_\_\_\_  
Actor Signature\_\_\_\_\_  
Actor Name\_\_\_\_\_  
Fellowship Liaison Signature\_\_\_\_\_  
Fellowship Liaison Name\_\_\_\_\_  
Artistic Leader Signature\_\_\_\_\_  
Artistic Leader Name\_\_\_\_\_  
Managing Leader Signature\_\_\_\_\_  
Managing Leader Name