

# Host Theatre Submission to Accompany Application

for Samuel G. Roberson Jr. Resident Fellowship



Applicant/Director Name: \_\_\_\_\_

Host Theatre: \_\_\_\_\_

**Host Theatres may partner with only one Applicant/Director. Please complete this document and return to the Applicant, who will submit the Application.**

## To be Completed by Host Theatre

**Tell us about your relationship with the Director.** (For Example: How did you meet the Director? Have worked with together before? What excites you about working with this Director on the proposed project?)

**Why do you want to partner with this Director to mount a workshop or full production of the proposed new play or musical?** (For Example: Why must this story be told? Why is your theatre enthusiastic about presenting it?)

**Having reviewed the Applicant's detailed project description, describe in as much detail as possible how you will support the Applicant in staging the production or workshop within the timeframe provided.**

**How do you plan to nurture and support the professional growth of the Director both during and after their time working with you?** (For example, If this is a workshop production, would your theatre consider staging a full production if the workshop is successful?)

**Host Theatre Signature:** As a senior representative of the Host Theatre, you acknowledge that you are aware that your theatre will be expected to fund production expenses for the selected workshop or production. Please note that if the \$7,500 grant accompanying this Fellowship will not cover 100% of production costs, the Host Theatre may be required to fund additional costs through other grants or programming funds.

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

email: \_\_\_\_\_

Phone: \_\_\_\_\_

