



## *The Richard · Porter · Leach Fellowship*

Please attach a current resume or biography that includes a list of:

- 0 works/preferences
- 0 representative samples of reviews
- 0 publicity materials
- 0 other (please specify) \_\_\_\_\_

One or two samples of your work in the form of:

- 0 photographs
- 0 DVD's
- 0 Audio-Cassette tapes
- 0 other (please specify) \_\_\_\_\_

Written material may also be included for consideration.

Applications will be reviewed as they are received, and fellows will be appointed as funding permits.

# *The Richard · Porter · Leach Fellowship*

## **Guidelines**

This program allows active and established performing artists to pursue a college degree while continuing to practice their craft. Designation as a Richard Porter Leach Fellow by Empire State College at the State University of New York includes matriculation as a degree student at the college and the expectation of renewal, so long as the student remains active in his or her craft and in good academic standing.

Professional performing artists may apply by completing the standard Empire State College application for admission as well as the special application supplement for the Richard Porter Leach Fellowship. Review of applications begins in early October. Both applications should be complete by October 1, 2016 to receive full consideration.

Leach Fellows must have an established performance reputation. The application must be accompanied by a letter of nomination from the director or manager of a performing company – or other established member of the theater, dance or music community who knows the applicant's work well – and by two additional references, including the current coach, mentor or teacher, if possible.

The Leach Fellowship covers all tuition and fees and up to \$200 per term for required books.

Fellowship information and application forms will be available through established professional performing arts companies in areas such as dance, music and theater.

# *The Richard · Porter · Leach Fellowship*

## Reference Form

The performing artist requesting this reference has been nominated for the Richard Porter Leach Fellowship at Empire State College of the State University of New York. The Leach Fellowship allows active and established performing artists to pursue a college degree while continuing to practice their craft. The fellowship covers all tuition and fees and up to \$200 per term for required books. Feel free to use additional pages or to use your own letterhead. Should you have questions, contact the Office of Collegewide Student Affairs, Empire State College, One Union Avenue, Saratoga Springs, NY 12866-4391, (518) 587-2100 ext. 2201. Return this form and sign your name across the seal of the envelope.

NOMINEE'S NAME: \_\_\_\_\_  
Last First Middle

REFERENCE'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip + 4

TELEPHONE NUMBER: \_\_\_\_\_ BUSINESS: \_\_\_\_\_  
(Area Code) (Area Code)

E-MAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

REFERENCE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Number and Street

\_\_\_\_\_ City State Zip + 4

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(Area Code) (Area Code)

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REFERENCE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **Nomination Form**

Please use this form to nominate a performing artist for the Richard Porter Leach Fellowship at Empire State College of the State University of New York. The Leach Fellowship allows active and established performing artists to pursue a college degree while continuing to practice their craft. The fellowship covers all tuition and fees and up to \$200 per term for required books. Feel free to use additional pages or to use your own letterhead. Should you have questions, contact the Office of Collegewide Student Affairs, Empire State College, One Union Avenue, Saratoga Springs, NY 12866-4391, (518) 587-2100 ext. 2201. Return this form and sign your name across the seal of the envelope.

I WOULD LIKE TO NOMINATE: \_\_\_\_\_

NOMINATOR'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Number and Street

City

State

Zip + 4

TELEPHONE NUMBER: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

(Area Code)

(Area Code)

E-MAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

NOMINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_