

AAW ARTISTS RESIDENCY PROGRAMME

Application Form

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|--|------------------------------|---|--------------------------------|--|
| <p>Calendar: (please, choose which period and cross relevant block)</p> <p>* January >>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 August</p> <p>* March >>>>>>>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 October</p> <p>* May >>>>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 December</p> <p>* July >>>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 February</p> <p>* September >>>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 April</p> <p>* November >>>>>> <input type="checkbox"/> <<Year <input type="text"/></p> <p>Deadline 15 June</p> | | <p>(If you prefer other periods at any year tell us and we will let you know if it's available)</p> <p>Others:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | | |
| Name: | | | Discipline | |
| Address / country | | | | |
| Email: | | | Website | |
| Tel (cell phone) | | | (Fax) | |
| Medium: | | | How did you heard about us | |
| Gender: | | | Date of birth | |
| References with name and contact number: | | | | |
| Funding Particulars: | | | | |
| Are you self funded: (please cross relevant block) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If you answer no which Funder? | |
| Previous studios or art institutions/organizations/ exhibitions/ workshops you have been associated with (if any) : | | | | |
| Brief background information, courses / exhibitions / skills / qualifications / etc | | | | |
| The application and all documents should be send by E-Mail | | | Date | |
| <p>Send your application and documents, only by E-Mail To: residency@atelieralex.com Cc: info@atelieralex.com subject AAW Artists Residency Programs</p> | | | | |