

APPLICATION FORM

Artist Residency

DISCIPLINE _____

FAMILY NAME _____ FIRST NAME _____

SEX _____ CITIZENSHIP _____

DATE AND PLACE OF BIRTH _____

ADDRESS (where you can be reached) _____

CITY _____ COUNTRY _____ POSTAL CODE _____

PHONE / FAX _____

E-MAIL _____

WEBSITE URL (if work is available online) _____

Preferred studio _____

Preferred duration of residency _____

Preferred dates of residency _____

Languages spoken _____

PLEASE INCLUDE ALSO

- A curriculum vitae (cv must indicate your educational qualifications, your artistic experience, education or work experience abroad)
- A brief text explaining your reasons why do you wish to participate in MoKS artist- in- residence program and your objectives for the residency period
- Artistic documentation: photos, slides, CD-rom, DVD, VHS or mini DV video cassette (PAL or NTSC standard) etc.

If you want your files to be returned please provide a self-addressed envelope together with an international postal coupon of an amount sufficient to cover the postage costs. Files of the artists chosen to the MoKS residency, will not be returned.

How did you hear about MoKS? _____

Signature _____ Date _____