

# KAMIYAMA ARTIST-IN-RESIDENCE

## APPLICATION FORM FOR KAIR2010

ARTIST'S NAME: (LAST) \_\_\_\_\_

(FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

URL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DRIVER'S LICENSE: YES / NO

CURRENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

(if different from above) \_\_\_\_\_

DATE OF BIRTH: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: MALE / FEMALE

BIRTHPLACE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

EDUCATION: \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

SPECIFIC FIELD OF ART: \_\_\_\_\_

GALLERY AFFILIATION (if any): \_\_\_\_\_

PLEASE LIST THREE REFERENCES (name, position/title and e-mail address of professionals that know you and your work well.) DO NOT send any letters of recommendation.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you applied to this program? (if yes, when?) \_\_\_\_\_

How did you know about this program (to be specific)? \_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: This form must accompany images of your works, image information sheet and resume.

Application materials above can be sent electronically to [applytokair@gmail.com](mailto:applytokair@gmail.com) ·

[kair2009@in-kamiyama.jp](mailto:kair2009@in-kamiyama.jp) and application fee (50USD) via airmail to the Committee.

**Application deadline: Monday, March 1, 2010.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

## ARTIST'S STATEMENT

Please complete your Artist's Statement within 100 words.

## MOTIVE FOR APPLICATION

Please state your motive for applying to KAIR within 150 words.

## WORK PROPOSAL

Please outline your work plan for KAIR. Please type or print clearly within this page. \*It is possible to attach such as sketches on separate sheets.