

KAMIYAMA ARTIST-IN-RESIDENCE

APPLICATION FORM FOR KAIR2009

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 and application fee (50USD) via airmail to the Committee.

Application deadline: Sunday March 1, 2009.

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.