KAMIYAMA ARTIST-IN-RESIDENCE

APPLICATION FORM FOR KAIR2017

ARTIST'S NAME: <u>(LAST)</u>		
(FIRST)	(MIDDLE)	
PHONE: ()	URL:	
EMAIL:	C	ORIVER'S LICENSE: YES / NO
CURRENT ADDRESS:		
PERMANENT ADDRESS:		
(if different from above)		
DATE OF BIRTH: <u>DAY MONTH</u>		
BIRTHPLACE:	NATIONA	ALITY:
EDUCATION:	DEGREE	YEAR
		YEAR
	DEODE	YEAR
CURRENT OCCUPATION:		
SPECIFIC FIELD OF ART:		
GALLERY AFFILIATION (if any):		
PLEASE LIST THREE REFERENCES (na	ame, position/title and e-mail addr	ess 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 inforr	mation sheet and CV/resume.
Application materials above can be sent ele	ctronically to applytokair@gmail.c	om · and application fee (50USI
via airmail/ via online(pavpal) to the Commit	itee.	

If you wish to submit application fee via paypal, please contact us for further details.

<u>X</u> If you have applied and paid application fee previously, you do not need to pay your application fee again.

Application deadline: Mar. 20, 2017

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ARTIST'S STATEMENT

ANTISTSSTATEMENT							
(Please complete your Artist's Statement within 100 words.)							
MODDLE DOD ADDITION							
MOTIVE FOR APPLICATION							
(Please state your motive for applying to KAIR within 150 words.)							

WORK PROPOSAL

(Please	e outline your	work plan for KAIR	(including materials,	size and etc).	Please type or prin	nt clearly wit	thin this
page. *	attachment	of drawings, sketc	ch, or image of prop	osed work is re	equired.		