KAMIYAMA ARTIST-IN-RESIDENCE

APPLICATION FORM FOR KAIR2019

ARTIST'S NAM	E: <u>(LAST)</u>						
	<u>(FIRST)</u>			(MIDDLE)			
PHONE: ()		URL	:			
EMAIL:				DR	RIVER'S LICENSE: YES / NO		
CURRENT ADD	RESS:						
PERMANENT A	DDRESS:						
(if different from	m above)						
DATE OF BIRTI	H: <u>DAY</u>	MONTH	YEAR	AGE:	_ GENDER: <u>MALE / FEMALE</u>		
BIRTHPLACE:				NATIONALI	_ NATIONALITY:		
EDUCATION:				DEGREE	YEAR		
				DEGREE	YEAR		
				DEGREE	YEAR		
CURRENT OCC	CUPATION:						
SPECIFIC FIEL	D OF ART:						
GALLERY AFFI	LIATION (if	any):					
PERIOD OF YC	OUR STAY:						
you and your wo	ork well.)	DO NOT send a	any letters of reco	mmendation.	ss of professionals that know		
How did you kno	ow about th	is program (to l	be specific)?				

<u>X If you have applied and paid application fee previously, you do not need to pay your application fee again.</u> Application deadline: Feb 20, 2019 / INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

MOTIVE FOR APPLICATION

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

WORK PROPOSAL

(Please outline your work plan for KAIR (including materials, size and etc...). Please type or print clearly within this page. * **attachment of drawings, sketch, or image of proposed work is required.** This proposal can be changed upon your arrival by discussing with committee members.