ARt PROSPECT FELLOWS

PUBLIC ART AND SOCIAL PRACTICE ART RESIDENCY in NEW YORK

July 16 – 25, 2019

**PERSONAL INFORMATION**

FAMILY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME, MIDDLE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include country and city codes)

MOBILE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: / /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month  Day   Year*

PLACE OF BIRTH:

CITIZEN OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   PASSPORT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Country*

                                                                        EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Degree | Specialization | From | To |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

A. Have you participated in any arts residency, exchange or educational programs outside your country of residence? YES [ ] NO [ ]

If so, what kind, where, and when?

3. LANGUAGES (Indicate ability – fluent / good / some):

Language                                  Speaking                       Reading            Writing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_\_

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4. EXPERIENCE AND INTERESTS

1. Please list and briefly describe up to three public art and/or social practice art projects you have participated in or are currently working on.

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2. Please list one of your favorite public art, street art, or social practice art works and explain why this work is inspiring and successful

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3. Who do you consider to be the most interesting and/or innovative artists working in the field of public art, social practice, and/or street art?

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4. Have you had prior experience or contact with U.S. arts organizations and artists? If so, briefly describe the nature of contact (for example, collaborative projects, exchanges, etc.)

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5. What do you hope to learn and achieve through participation in the Art Prospect Fellows Residency?

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5. REFERENCES

Please provide contact information for an arts professional, who is well acquainted with your work and has known you for at least one year.

Title and Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this reference?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. HEALTH STATEMENT

DECLARATION OF HEALTH:

[ ] I declare that I am in good health and fit to participate in the program

[ ] I am not receiving medical treatment at present

[ ] I am receiving medical treatment at present

If you are receiving medical treatment, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] In the past twelve months I have not received any medical treatment

[ ] In the past twelve months I have received medical treatment

[ ] If you have received medical treatment, please give details:

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7. ATTACHMENTS

Part I.

Please attach a TYPED bio or resume (no more than 1 page) with relevant professional experience. List the dates and details of the following: projects/exhibitions/performances, publications, residencies, honors and awards, additional qualifications and skills and education.

Part II.

Please provide visual documentation of no more than five public art, social practice art, or street art projects which you have completed or are currently working on in the form of either internet links or jpeg images (no more than 3 images for each project, up to 300 kb each).

Please send completed applications by e-mail to CEC ArtsLink at artprospect@cecartslink.org by March 22, 2019