



Artist in Residence Application Form

Last Name:					
First Name:					
Artist Name					
Gender:					
Postal Address					
Telephone (Including Land code)					
E-mail:					
Website					
Date of Birth					
Nationality					
Please indicate your preferred residency period by ticking one or several boxes.					
January <input type="checkbox"/>	February <input type="checkbox"/>	March <input type="checkbox"/>	April <input type="checkbox"/>	May <input type="checkbox"/>	June <input type="checkbox"/>
July <input type="checkbox"/>	August <input type="checkbox"/>	September <input type="checkbox"/>	October <input type="checkbox"/>	November <input type="checkbox"/>	December <input type="checkbox"/>
3 References					
Name	Profession	Phone number	Email		
1.					
2.					
3.					
Materials needed to complete this Application are found on the next page					



Check List

(Failure to complete application requirements will disqualify you from consideration)

	Resume
	Twenty examples of work (slides, photographs, videos,...) done in the last two years
	label each with your name, title of work, date executed, media and dimensions
	Include
	Include a separate description sheet, listing each work, title, date executed, media and dimensions. (add any brief narrative necessary to inform us about the individual work)
	Please describe your practice (concepts, methods, and ideas pursued) in 500-2000 words
	An \$25 application fee (you must enclose a check of 25 dollar to the address below)

Address:

AL-MA'MAL FOUNDATION FOR CONTEMPORARY ART
New Gate, Old City,
Box 14644,
Jerusalem, 91145

(Signature _____ Date: _____)