Application Form

First Name			
Last Name			
Gender		Date of Birth	00/00/0000
Nationality			
Contact No.		Email Address	
Address			
Artistic Category (painter, sculptor, designer			
etc)			
Website (optional)			
Spoken Languages			
Desired Period of	Start Date	End Date	
Stay	00/00/0000	00/00/0000	
How did you find out			
about this residency?			
Previous in-			
residence			
experiences			

Application Form

Please submit the following with your application form	n:
--	----

- Artist CV
- Selection of 10 jpeg images from the past two years, including short writeups about each piece.
- A statement of how this residency would benefit you personally.
- A proposal on the project you wish to pursue during your residency.

Please note that the organization will require you to kindly donate one piece of artwork at the end of the residency.

I certify that the information provided on this application is accurate.

Signature:		
3		
Passport No:		

Email your application to: woloresidency@gmail.com