

LONGSTAY Program 2017 Application Form

No. _____

Artist Name

Name :
<input type="checkbox"/> Mr. / <input type="checkbox"/> Ms. / Other ()

please attach
your portrait here

Field of your Art form

(For example; drawing, performance, mixed media and etc.)

Contact

Nationality :	Live and works in (city / country) : /
Postal code : Home Address :	
Nearest International Airport :	
Date of birth :	Age :
Tel :	E-mail :
Website :	
Website2 :	

Language Proficiency

English	<input type="checkbox"/> Fluent / <input type="checkbox"/> Advanced / <input type="checkbox"/> Intermediate / <input type="checkbox"/> Beginner
Japanese	<input type="checkbox"/> Fluent / <input type="checkbox"/> Advanced / <input type="checkbox"/> Intermediate / <input type="checkbox"/> Beginner
Other	<input type="checkbox"/> Fluent / <input type="checkbox"/> Advanced / <input type="checkbox"/> Intermediate / <input type="checkbox"/> Beginner

Food Preference

(For example; Vegetarian, etc..)

Concept of your Activity as Artist (Artist Statement)

Education Background

From (Month and Year)	To (Month and Year)	Education Background

Exhibitions, Projects, Workshops, Concerts and etc.

From (Month and Year)	To (Month and Year)	Exhibitions, Projects, Workshops, Concerts and etc.

Past Artists-in-Residence (If none, leave blank)

From (Month and Year)	To (Month and Year)	Past Artists-in-Residence

Grants, Awards and Publications (If none, leave blank)

From (Month and Year)	To (Month and Year)	Grants, Awards and Publications

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***Please note : This page may be introduced on the website as proposals by artists.**

Activity Plan during your stay State clearly about your planned Activity or Project

Title
Concept

Describe your detailed plan and activity during your residency each months.

Month 1
Month 2
Month 3

Thank you for your applying!