

# Artist in Residency **Application**

DATE

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## PERSONAL INFORMATION

Full Name :

Perferred  
Name :

Place Of Birth :

Date of Birth :

 /  / 

Nationality :

Email :

Phone :

## ADDRESS

Present Address :

The City :

Present Province :

Postal Code

What is your preferred length of residency?

A : 1008 10 St. SE

E : [artkektiv@tribalexpression.com](mailto:artkektiv@tribalexpression.com)

THANK YOU FOR **YOUR APPLICATION**



## Artist in Residency **Application**

What is your primary or preferred medium ?

Please describe your previous experience and/or applicable training and accomplishments:



## Artist in Residency **Application**

Is there any specialized equipment that you require/ or that would enhance your work?

Please let us know if there are any questions you would like to ask us: