



APPLICATION FORM_fellowship 2015

PERSONAL INFORMATION

First name

Last name

Male Female

Date of Birth.....Nationality.....

Street Address.....

City.....State.....

Country..... Zip/Postal Code.....

Phone.....Email.....
(Your EMAIL must be included and current as all residency correspondence, including application results, will be via electronic mail.)

Web-site.....

Do you have special needs, medical conditions or mobility issues that might require special considerations?

If yes, please attach a brief explanation.

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PROFESSIONAL INFORMATION

Professional activities.....

Organization.....

MEDIUM/GENRE

- Photography
- Painting
- Video-Art
- Installation art
- Filmmaking
- Sculpture



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RESIDENCY AT LA MACINA DI SAN CRESCI

The duration of the residency will be one month. Artists can agree upon the dates of their residency with the final approval of La Macina di San Cresci.

Your preferred date : D...../M...../Y...../

Please consider that you can arrive any day in the month and any day in the week.

How did you learn about La Macina di San Cresci Resident Artists Program ?

www.chianticom.com

www.resartis.org

Internet research

Brochure

Friend

Other (specify).....

OTHER ARTIST RESIDENCY PROGRAM COMPLETED :

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SIGNATURE OF APPLICANT

DATE

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MATERIALS CHECK LIST :

- Completed Application form
- Project proposal
- Bio and Resume
- Work examples (as outlined in the instruction pages)
- Artist statement
- Emergency contact :

NameEmail.....
Address.....
City.....State..... Country.....Zip/postal code
Phone.....

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MAIL TO :

**La Macina di San Cresci
Pieve di San Cresci 1
50022 Greve in Chianti (FI)
Italy**

Or By email : info@chianticom.com

Link to Go Fund Me page: <http://www.gofundme.com/cnfl70>