



APPLICATION FORM_fellowship 2012

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

- Installation Art
- Painting
- Photography
- Video-art



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RESIDENCY AT LA MACINA DI SAN CRESCI

You can choose your 30 days stay between July 1, 2012 – September 30, 2012

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 with reference to the theme of program
- Bio and Resume/Professional Summary
- 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