

834 MIBU

ARTIST IN RESIDENCE

APPLICATION FORM

Name of Artist	
Name of accompanying family	
Name on Passport	
Mailing Address	
Nationality	
Passport/ID Number	
Phone Number	
Email Address	
Recommended by (Name of Institution, if any)	
Duration of Residence (YY/MM/DD)	From _____ To: _____
(PLEASE REQUEST 2 SETS OF DATES)	From _____ To: _____
1st/2nd/3rd application	

Please download and read terms and condition for residency.

Please email the application form with the following materials to 384MIBU@GMAIL.COM

1. Cover Letter
2. CV
3. Artists Bio.
4. Portfolio
5. Work Plan during residency
6. Other Relevant Materials