



STUART TOWN STUDIOS

ARTIST RESIDENCY PROGRAM 2011/2012

APPLICATION FORM

NAME: M / F (please circle)

MAIN ARTS PRACTICE OR PROFESSION:

CAREER STAGE: (if applicable) EMERGING / MID-CAREER / ESTABLISHED (please circle)

OTHER OCCUPATION: (if applicable)

ADDRESS:

.....

STATE / PROVINCE: POSTCODE/ZIP: COUNTRY:

PHONE: MOBILE:

EMAIL:

WEBSITE: (if applicable)

DATE OF BIRTH: (optional) CITIZENSHIP:

PREFERRED DATES: (please note the minimum stay is 1 week)

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NUMBER OF PEOPLE TO ATTEND RESIDENCY: (please specify number of artists and any children)

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HAVE YOU UNDERTAKEN ANY OTHER RESIDENCIES IN THE PAST? Y / N (please circle)

If so, which one/s?

PLEASE ATTACH THE FOLLOWING INFORMATION:

- CV / biography.
- Up to 6 images of your work or other supporting material.
Post: a cd with jpegs or tif formatted images. Photographs & PDF files are also acceptable, but please do not send slides or transparencies.
- Email:** please send jpegs only and keep file size to a maximum of 250k for each image.

***Please clearly label ALL material with your name.**



STUART TOWN STUDIOS
ARTIST RESIDENCY PROGRAM 2008/2009

SEND APPLICATIONS TO:

Post: **Stuart Town Studios, 36 Merton Street, Rozelle 2039 NSW, Australia**

Email: **applications@stuarttownstudios.com** (see specifications on previous page)

If you would like your material returned to you, please include an appropriated sized SSAE.

HOW DID YOU HEAR ABOUT US?

LOOK MAGAZINE IMPRINT MAGAZINE WEBSITE WORD OF MOUTH

TEACHERS FEDERATION SYDNEY MORNING HERALD THE AUSTRALIAN OTHER

please specify:

REFEREES: (Name & contact details)

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COMMENTS & QUESTIONS:

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* PLEASE REFER TO THE APPLICATION GUIDELINES FOR FURTHER INFORMATION & FEES *

In signing this application form, I hereby agree to the Terms & Conditions as outlined in the Stuart Town Studios Application Guidelines.

SIGNATURE: DATE:

STUART TOWN STUDIOS

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