

Fukuoka Asian Art Museum Support Program 2018

Application Form 1 <Personal Data>

Category (please choose one)

Artist

Researcher / Curator

Name		<div style="border: 1px dashed black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>(Attach photo) 3.5cm×4.5cm</p>
Sex	Date of birth	
Nationality	Marital status	
Place of birth	Other language(s)	
Primary language(s): 1 2	1 2 3	
Home address (required)		
Tel	Fax	
Email	Mobile	
Work		
Tel	Fax	
Email		
Other ()		
Tel	Fax	
Email		

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Application Form 2 <Curriculum Vitae>

1. CV (Maximum 5 selected education and work experiences)

(Year)	

2. [ARTIST] Maximum 10 selected solo and group exhibitions, and activities
[RESEARCHER] Maximum 10 selected curatorial projects and published papers

(Year)	

3. Artist in Residence (Residency Institution name, City/Country and grants)
*Maximum 5 selected previous residencies

(Year)	

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Application Form 3 <Proposal 1/3>

1. Your desirable residency period

Starting from (month):	Duration: ____ days
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2. Reason to apply for our program

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Application Form 4 <Proposal 2/3>

Plan of art-making (artists) / research activity (researcher/curator)

*Describe the detail of your plan and production/research schedule

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Application Form 5 <Proposal 3/3>

Workshop/Talk Plan

*If you have multiple plans, please photocopy this form.

Title	
Target group(s)	*State the group(s) of people you would like to work with. (e.g. adults, students, children (specify the age group), parents and children etc.)
Description	

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Application Form 6 <Letter of Declaration>

I, _____ hereby declare the information on the application form is complete and accurate to the best of my knowledge and belief.

I will certainly bear all the expense of my residency in Fukuoka if I were accepted as a visiting artist/researcher/curator of the support program.

Date _____

Name _____

Signature _____

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Application Form 7 <Letter of Recommendation>

I would like to recommend the below-mentioned artist researcher/curator (please choose one) for the Fukuoka Asian Art Museum Support Program 2018.

Name of the recommended:

Date _____ Signature _____

*This form must be filled in by the recommender

Name of the recommender	Nationality
Occupation	Position
Affiliation	
Address of the affiliated organization/institution	
Tel	Fax
Home address	
Tel	Fax
Email	Mobile
Relation with the artist	
Reasons for recommendation	