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| **Kauno_fotografijos_galerija_logo.jpg Kaunas Photography Gallery Residency** | |
| **Application for Kaunas Photography Residency Program**  **Residencies for April–December 2024** | |
| Family name: |  |
| First name: |  |
| Nationality: |  |
| Date of birth: |  |
| Address: | Street:  City:  Code:  Country: |
| Telephone number: |  |
| Email address: |  |
| Website: |  |
| Affiliated organization  (if any): |  |
| How did you find out about this program? |  |
| Field of arts | Photography □ Art Research □ Curating □ Art History □  Art Criticism □ |
| Residency period from 4 to 9 weeks | 2024  April □ May □ July □ August □ September □ October □ November □ December □ |
| Language proficiency | English:  Fluent □ Advanced □ Intermediate □ Beginner □ |
| Artist’s statement  (max. 500 words) |  |
| Activity/project proposal while in residency |  |
| How do you think your activity will contribute to the local area; or why do you want to come to this residency?  (max. 300 words) |  |

Please do not forget to attach the following:

- CV including details of any professional training

- Supporting visual material

- Portfolio

- any relevant documentation, e.g. articles or papers about your work or exhibitions, publications, reviews, etc.

- please give the name and contact details of a referee who should have knowledge of your work in a professional capacity:

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Tel………………………………………….Email…………………………………….

Send your completed form with the relevant enclosures (images/ artist’s statement/ up-to-date CV/ supporting materials, if any) to the address below before **24 March 2024.**

**EMAIL:** [**info@kaunasgallery.lt**](mailto:gintare@kaunasgallery.lt) **(subject: residency application)**