2020 PHOENIX ATHENS RESIDENCY APPLICATION

**Please provide us with the following details. If you have any questions regarding the application process, please contact us at:** c.makri@phoenixathens org

**PERSONAL DETAILS:**

1. NAME:
2. NATIONALITY:
3. DATE OF BIRTH:
4. GENDER:
5. ADDRESS:
6. PHONE:
7. EMAIL:
8. WEBSITE

**RESIDENCY LENGTH**

PHOENIX ATHENS PROVIDES TWO DIFFERENT TYPES OF RESIDENCY FOR UP TO TWO MONTHS. PLEASE INDICATE THE DESIRED PERIOD, TYPE & DURATION OF RESIDENCY.

**TYPE:**

☐ FULL RESIDENCY:RESIDENCY & EXHIBITION

☐ LIGHT RESIDENCY:ONLY RESIDENCY

☐ LOCALS ONLY

**PERIOD:**

☐ FEB- MARCH

☐ APRIL-MAY

☐ JUNE-JULY

☐ OTHER (PLEASE SPECIFY)

**DURATION:**

☐ FULL: TWO WEEKS €450

☐ FULL: THREE WEEKS €600

☐ FULL: ONE MONTH €750

☐ FULL: EACH EXTRA WEEK COSTS €150

☐ LIGHT: TWO WEEKS €300

☐ LIGHT: THREE WEEKS €425

☐ LIGHT: ONE MONTH €550

☐ LIGHT: EACH EXTRA WEEK COSTS €125

☐ LOCALS ONLY: TWO WEEKS €150

☐ LOCALS ONLY: THREE WEEKS €225

☐ LOCALS ONLY: ONE MONTH €300

☐ LOCALS ONLY: EACH EXTRA WEEK COSTS €80

**REFERENCES (TWO ARE PREFERRED):**

|  |
| --- |
| 1. NAME OF REFEREE

INSTUTION, IF ANY1. NAME OF 2ND REFEREE

INSTUTION, IF ANY |

**COMMUNITY INVOLVEMENT**

WE ASK THAT ALL RESIDENCY INTERACT WITH THE COMMUNITY OF ATHENS THROUGH A PRESENTATION OF THEIR WORK AS WELL AS AN EXHIBITION. YOU MAY WISH TO PROVIDE MORE DETAILED INFORMATION ABOUT THIS IN THE **PROJECT PROPOSAL** AND BY USING THE CHECKLIST BELOW.

☐COLLABORATION WITH OTHER ARTISTS/PRACTITIONERS

☐WORKSHOPS

☐ARTIST TALK

☐OTHER



**ARTIST’S STATEMENT**

PLEASE PROVIDE A BRIEF ARTIST STATEMENT DESCRIBING YOUR REASONS FOR APPLYING TO VILLA EXARCHIA RESIDENCY (250 WORDS).

**TITLE**

PLEASE INCLUDE A POSSIBLE TITLE OF THE PROJECT/ EXHIBITION TO BE USED FOR PROMOTION PURPOSED.

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**PROJECT PROPOSAL**

PLEASE INCLUDE A BRIEF PROJECT PROPOSAL INCLUDING ANY SUPPORT AND MATERIALS YOU WOULD LIKE US TO PROVIDE (250 WORDS).

**PORTFOLIO**

* WEBSITE OR BLOG URL:
* PLEASE SEND IMAGES FILES USING: [wetransferhttps://wetransfer.com/](https://wetransfer.com/)

TO: c.makri@phoenixathens.org.

PLEASE INSURE THAT IMAGE TITLES YOU SEND MATCH THE TITLES LISTED IN THE PORTFOLIO SECTION BELOW.

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| --- | --- | --- | --- | --- |
|  | TITLE  | MEDIA  | DIMENSIONS  | DATE |
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 **SPECIAL NEEDS / DISABILITIES**

DO YOU HAVE ANY DISABILITY OR REQUIRE ANY SPECIAL ASSISTANCE?

☐NO

☐YES

IF YES, PLEASE INDICATE YOUR SPECIFIC NEEDS BELOW IN ORDER TO MAKE ADJUSTMENTS WHICH MAY BE NECESSARY.

**CHECKLIST:**

PLEASE USE THE CHECKLIST BELOW TO MAKE SURE THAT YOU HAVE COMPLETED ALL OF THE FIELDS IN THIS APPLICATION BEFORE SENDING IT TO: director@phoenixathens.org

• PERSONAL DETAILS

• RESIDENCY LENGTH

• ARTIST’S STATEMENT

• PROJECT PROPOSAL

• PORTFOLIO

• PHOENIX ATHENS

• SPECIAL NEEDS

• COMMUNITY INVOLVEMENT

• REFERENCES

• PORTFOLIO

WE LOOK FORWARD TO RECEIVING YOUR APPLICATION!