**2022-2023 PHOENIX ATHENS RESIDENCY APPLICATION**

If you have any questions or require additional information about the residency, please contact us at: [phoenixathensoffice@gmail.com](mailto:phoenixathensoffice@gmail.com) or [director@phoenixathens.org](mailto:director@phoenixathens.org)

***PLEASE TAKE NOTE OF THE FOLLOWING:***

-A minimum duration of at least 3 weeks for the residency is highly recommended, particularly if you plan to exhibit your work.

-Couples and group residencies are welcome. If you wish to apply as a duo or team, please let us know in the application

-For students and recent graduates, the LIGHT RESEARCH RESIDENCY, or LOCALS ONLY ACCELERATOR RESIDENCY (for Athens-based art and design students) is recommended.

-Once your application has been approved, a € 300 deposit is required to secure your residency. This amount is deducted from the total residency fee.

-Each year Phoenix Athens offers at least one subsidized residency for highly motivated professional artists, particularly those who are willing to provide at least two talks or weekly workshops. If you wish to be considered for this opportunity, please indicate this in your application.

**Please provide the following information :**

**I. PERSONAL DETAILS**

| 1. | NAME: |
| --- | --- |
| 2. | NATIONALITY: |
| 3. | DATE OF BIRTH: |
| 4. | GENDER: |
| 5. | ADDRESS: |
| 6. | PHONE: |
| 7. | EMAIL: |
| 8. | WEBSITE, BLOG OR VIRTUAL GALLERY: |

**RESIDENCY LENGTH, TYPE AND DURATION**

*PHOENIX ATHENS OFFERS SEVERAL RESIDENCY PACKAGES. PLEASE INDICATE DESIRED RESIDENCY TYPE AND DURATION OF YOUR RESIDENCY.*

*Please make your selection by typing “X” to indicate* the time frame and duration of your residency. Providing us with dates helps us with planning your residency.

**PLEASE INDICATE DESIRED RESIDENCY TYPE AND TIME FRAME BELOW:**

|  | FULL Includes a one-month exhibition at Phoenix Athens Gallery |
| --- | --- |
|  | LIGHT RESEARCH RESIDENCY (includes a one-week exhibition or showcase event) |
|  | LOCALS ONLY ACCELERATOR-FOR ATHENS RESIDENTS (includes a showcase event) |

**FULL RESIDENCY**

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | TWO WEEKS € 600 |  |
|  | THREE WEEKS € 850 |  |
|  | ONE MONTH € 1000 |  |
| OTHER: | |  |

EACH ADDITIONAL WEEK COSTS €250

**LIGHT RESIDENCY** (Student Rate)

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | TWO WEEKS €500 |  |
|  | THREE WEEKS €700 |  |
|  | ONE MONTH €900 |  |
| OTHER : | |  |

PLEASE NOTE, EACH ADDITIONAL WEEK COSTS €250

**LOCALS ONLY ACCELERATOR RESIDENCY**

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | TWO WEEKS € 400 |  |
|  | THREE WEEKS €550 |  |
|  | ONE MONTH €700 |  |
| OTHER: | |  |

EACH ADDITIONAL WEEK COSTS €150

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**NAMES OF REFERENCES (AT LEAST TWO PREFERRED)**

| 1. | NAME, EMAIL & PHONE OF 1st REFEREE | INSTITUTION, IF ANY |
| --- | --- | --- |
|
| 2, | NAME, EMAIL & PHONE OF 2ND REFEREE | INSTITUTION, IF ANY |
|

**COMMUNITY INVOLVEMENT**

We ask that residents interact with the community through a presentation of their practice.

Please provide detailed information about this in the **PROJECT PROPOSAL** and by using the following checklist.

* COLLABORATION WITH OTHER ARTISTS/PRACTITIONERS
* WORKSHOPS
* ARTIST TALK
* OTHER (BRIEFLY DESCRIBE BELOW)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER OF INTENT**

| Please tell us why you are applying to the Villa Exarchia Residency (250-500 Words) |
| --- |
|

**WORKING TITLE FOR YOUR PROJECT/ EXHIBITION**

|  |
| --- |

**PROJECT PROPOSAL (AT LEAST 250 WORDS)**

|  |
| --- |

*Continued below*

**PORTFOLIO SUBMISSION**

*Images should not exceed 1000 pixels per inch at their widest measurement.*

Please send videos and larger image files via [wetransfer](https://wetransfer.com/) to [director@phoenixathens.org](mailto:director@phoenixathens.org)

*Please be sure that image titles below match those sent via WeTransfer.*

*PLEASE PROVIDE THE FOLLOWING INFORMATION*

| # | TITLE | MEDIA | SIZE | DATE |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

**SPECIAL NEEDS / DISABILITIES**

Do you have a disability or require special assistance during the residency?

|  | YES |
| --- | --- |
|  | NO |

| If yes, please indicate your specific needs so that we can make any adjustments which may be necessary. |
| --- |
|  |

**CHECKLIST**

PLEASE USE THE CHECKLIST BELOW TO BE SURE THAT YOU HAVE COMPLETED ALL OF THE APPLICATION REQUIREMENTS BEFORE SENDING TO: [director@phoenixathens.org](mailto:director@phoenixathens.org)

|  | PERSONAL DETAILS |
| --- | --- |
|  | RESIDENCY TYPE, DATES AND DURATION |
|  | ARTIST CV |
|  | ARTIST’S STATEMENT |
|  | PROJECT PROPOSAL |
|  | PORTFOLIO |
|  | ANY SPECIAL NEEDS YOU MAY HAVE |
|  | COMMUNITY INVOLVEMENT |
|  | REFERENCES (IF ANY) |

We look forward to receiving your application !