**2023 PHOENIX ATHENS RESIDENCY APPLICATION**

***PLEASE NOTE:***

-For residencies, a minimum duration of 3 weeks is recommended if you plan to exhibit work.

-Couples and group residencies are welcome. If you wish to apply as a duo or as a team, please let us know in your the PROJECT PROPOSAL or the SPECIAL NEEDS section.

-For academics, students and recent graduates, the LIGHT/RESEARCH RESIDENCY is recommended.

-The LOCALS ONLY ACCELERATOR RESIDENCY applies to Athens-based artists and recent art and design graduates who are based in Athens and who do not require housing.

-The FULL RESIDENCY is designed for mature and mid-career artists who would like to create and exhibit a new body of work. Recommended duration for this residency is at least one month.

-Once your application has been approved, a € 300 deposit is required to secure your residency. This deposit 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 US WITH THE FOLLOWING INFORMATION:**

**PERSONAL DETAILS**

| NAME: |
| --- |
| NATIONALITY: |
| DATE OF BIRTH: |
| GENDER: |
| ADDRESS: |
| PHONE: |
| EMAIL: |
| WEBSITE, BLOG OR VIRTUAL GALLERY: |

**RESIDENCY LENGTH, TYPE, AND DURATION**

*PLEASE INDICATE YOUR DESIRED RESIDENCY TYPE AND DURATION.*

*Make your selection by typing “X” and provide the desired dates and the* duration of your residency in the TIME FRAME column. This will help us with planning for your residency.

**PLEASE INDICATE DESIRED RESIDENCY TYPE BELOW:**

|  | **FULL** (includes a one-month exhibition) |
| --- | --- |
|  | **LIGHT/RESEARCH RESIDENCY** (includes a one-week exhibition or showcase) |
|  | **LOCALS ONLY ACCELERATOR RESIDENCY**(for Athens residents, includes a showcase event) |

**FULL RESIDENCY**

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | TWO WEEKS € 600 |  |
|  | THREE WEEKS € 900 |  |
|  | ONE MONTH € 1200 |  |
|  | TWO MONTHS € 2000 |  |
| OTHER:  |  |

PLEASE NOTE, EACH ADDITIONAL WEEK COSTS €250

**LIGHT/RESEARCH RESIDENCY** (FOR STUDENTS AND ACADEMICS)

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | TWO WEEKS €600 |  |
|  | THREE WEEKS (recommended) €800 |  |
|  | ONE MONTH €1000 |  |
| OTHER: |  |

PLEASE NOTE, EACH ADDITIONAL WEEK COSTS €250

**LOCALS ONLY ACCELERATOR RESIDENCY** (INCLUDES SHOWCASE EVENT OF WORK)

|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
| --- | --- | --- |
|  | ONE WEEK € 150 |  |
|  | TWO WEEKS € 300(minimum suggested)  |  |
|  | ONE MONTH € 600 |  |
| OTHER: |  |

PLEASE NOTE, EACH ADDITIONAL WEEK COSTS €200

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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)

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

**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)**

|  |
| --- |

***IMAGES*** *section continued below*

**IMAGES**

*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

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

**PLEASE PROVIDE 7 SAMPLES OF WORK THAT ARE RELEVANT TO YOUR RESIDENCY OR RESEARCH.**

| #  | **THUMBNAIL** | **TITLE, MEDIA** | **SIZE/DURATION** |  **DATE (YEAR)** |
| --- | --- | --- | --- | --- |
| 1. |  |  |   |   |
| 2. |  |  |   |   |
| 3. |  |  |   |   |
| 4. |  |  |   |   |
| 5. |  |  |   |   |
| 6. |  |  |   |   |
| 7. |  |  |   |   |

**SPECIAL NEEDS / DISABILITIES**

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

|  | YES | If yes, please indicate your specific needs below so that we can make any adjustments which may be necessary. |
| --- | --- | --- |
|  | NO |  |

| Special needs or assistance: |
| --- |
|  |

**CHECKLIST**

PLEASE USE THE CHECKLIST BELOW TO BE SURE THAT YOU HAVE COMPLETED ALL OF THE APPLICATION REQUIREMENTS BEFORE SENDING TO: 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 !*