**APPLICATION FORM**

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| --- | --- |
| name: |  |
| artist name (if different): |  |
| place & time of birth: |  |
| citizenship: |  |
| place of residence: |  |
| telephone: |  |
| email address: |  |
| driving license: I have / I do not have |  |
| artistic discipline: |  |

Please put an ‘X’ in the box if you attached the following in an electronic form:

* Artist’s portfolio (max. 20 MB focusing on the last 3 years) 
* A description of the project you want to complete during the Artist in Residence Program (max. 1 page) 
* Why would it be important for you to take part in the Artist in Residence Program? (max. 1 page) 
* Special help you need for your project from the Dr. Eva Kahan Non-profit Foundation, if there is any. 

Please write your name at the top (if possible) of every page of the attachments. Thank you.

By signing this document, I give my consent for the Dr. Eva Kahan Non-profit Foundation to process my personal data and use them for information purposes in the future. I acknowledge that I can modify or withdraw my data and my consent to their processing by the data controller in writing any time. The Dr. Eva Kahan Non-profit Foundation declares that it will always process the data provided hereinabove and any further personal data that may come to its knowledge in compliance with the effective legal regulations and its Privacy Statement.

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Participant