



## PERSONAL INFORMATION

DATE OF BIRTH (Y/M/D) \_\_\_ / \_\_\_ / \_\_\_

LAST INSTITUTION ATTENDED:  Post-secondary  Public college

Vocational college

LAST YEAR ENROLLED: \_\_\_\_\_  Technical Institute  High school

PROGRAM OF STUDIES: \_\_\_\_\_ For how long? \_\_\_\_\_

OTHER RESIDENCES OR GROUP ART PROJECTS PARTICIPATED IN \_\_\_\_\_

CITIZEN OF:  Canada  U.S.A.  Other \_\_\_\_\_

## APPLICATION MATERIALS

Please include the following materials with your application form:

- Curriculum Vitae/Artistic Résumé
- One-page project proposal on research to be undertaken (500 words maximum)
- An artist's statement (250 words maximum)
- An artist bio (250 words maximum)
- Up to 10 digital images **or 2 writing samples word or pdf:**
  - o Format: JPEG files only, max 150 dpi resolution, 1024 x 768 pixels
  - o Label images in the order you would like them to be viewed, followed by your initials, and the year and title of your work. (ie. 01initialsyeartitle.jpg)
  - o Videos may be uploaded to a file-sharing site such as Vimeo. Include instructions to access the site here: \_\_\_\_\_
- Numbered and detailed image list, including title, medium, dimensions, and date of the work, along with any other relevant information
- Scanned clippings of recent reviews, publications, etc. (optional, to a maximum of 3)

## APPLICANT'S SIGNATURE

I affirm that all the information is complete and accurate, and that any work presented represents the achievement of my creative effort. I certify that the information I have provided is true and complete in all respects. The personal information on this form is collected and maintained as part of a record of application to and/or participation in the Plug In ICA Summer Institute program and will be used for the purposes of admission, registration, sending follow-up educational information, program evaluation materials, and for Plug In Institute of Contemporary Art research and planning.

If accepted, I agree to conduct myself in a manner that meets with the expectations of all program participants.

If accepted, I hereby give permission to Plug In ICA to:

Share my name, biography and e-mail address with other participants in the program.

Publicize my name, biography and project information in relation to this program on Plug In's website, publicity material and for other Plug In administrative and promotional purposes.

If different than above, please indicate how you wish your name to appear in publicity:

\_\_\_\_\_  
 No, I do not wish my name to be publicized.

No, I do not give permission to share my name, biography and email address with other program participants.

I acknowledge that if accepted into the program a Plug In ICA Basic Membership fee of \$35 is due (only if accepted).

All support material is attached electronically.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## EMERGENCY CONTACT INFO

\_\_\_\_\_  
SURNAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
INITIAL

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PROVINCE/STATE

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
MOBILE PHONE

\_\_\_\_\_  
EMAIL