



Plug In Institute of Contemporary Art
Unit 1 – 460 Portage Avenue, Winnipeg, Manitoba, Canada, R3C 0E8
T 1-204-942-1043 | info@plugin.org | www.plugin.org

PLUG IN ICA SUMMER INSTITUTE APPLICATION: August 6–16, 2019
DEADLINE FOR APPLICATIONS: March 25, 2019

This application is to participate in Plug In ICA’s 2019 Summer Institute, Session II. The session will be led by faculty Joar Nango, and the content will be determined by faculty and participants in a collaborative manner. Participants will be expected to engage from time to time in informal forums, discussions and activities. This program offers a shared institute environment with some equipment and technical support. The focus will be on ideas and conversations, facilitated in part by faculty, co-participants and others. For more information, please refer to www.plugin.org, or contact erin@plugin.org. Please submit your application to Erin Josephson-Laidlaw at erin@plugin.org.

PREFERRED PRONOUN (optional) :

SURNAME FIRST NAME INITIAL

PRESENT ADDRESS VALID UNTIL (D/M/Y) ___ / ___ / ___

ADDRESS CITY

PROVINCE/STATE POSTAL CODE COUNTRY

TELEPHONE MOBILE PHONE EMAIL

PERMANENT ADDRESS

Same as present address or: Provide complete mailing address along with any other relevant contact information.

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. (i.e., 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