

# Plug In ICA

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

## 2020 SUMMER INSTITUTE APPLICATION

Session II: Water Knowledge  
August 17 - 28, 2020

Deadline for Applications:  
Thursday, April 9, 2020; 5pm CST

This application is to participate in Plug In ICA's 2020 Summer Institute, Session II: Water Knowledge. KC Adams will facilitate this session, with content to 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](http://www.plugin.org) or contact [nasrin@plugin.org](mailto:nasrin@plugin.org). All applications should be submitted to Nasrin Himada at [nasrin@plugin.org](mailto:nasrin@plugin.org), by 5pm Central Standard time on April 9, 2020.

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PREFERRED PRONOUN (OPTIONAL): \_\_\_\_\_

\_\_\_\_\_  
SURNAME

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

\_\_\_\_\_  
INITIAL

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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.

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## PERSONAL INFORMATION

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

LAST INSTITUTION ATTENDED:  Post-secondary  Public college  
 Vocational college  High school  
 Technical Institute

LAST YEAR ENROLLED: \_\_\_\_\_

PROGRAM OF STUDIES:  
\_\_\_\_\_

LENGTH OF TIME IN PROGRAM:  
\_\_\_\_\_

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 bio (250 words maximum)
- Up to 10 digital images OR 2 writing samples (word or PDF):
  - Format: JPEG files only, max 150 DPI resolution, 1024 x 768 px.
  - 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. 01\_initials\_year\_title.jpg)
  - 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, date of the work, and any other relevant information
- Scanned clippings of recent reviews, publications, etc. (optional, to a maximum of 3)

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## 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.
- All support material is attached electronically.

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SIGNATURE

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DATE

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## EMERGENCY CONTACT INFO

\_\_\_\_\_  
SURNAME

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

\_\_\_\_\_  
INITIAL

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

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

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

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

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COUNTRY

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