

**Ottawa School of Art Residency Program
Participant Data**

**Programme de résidence de l'École d'art d'Ottawa
Coodonnées du participant**

.....
Prénom / Given Name

.....
Nom / Surname

.....
Numéro, nom de l'avenue ou rue / Address (number and street name)

.....
Ville / City Province / Province Pays / Country

.....
Code postale / Zip Code Téléphone / Telephone

.....
Télécopieur / Fax Number

.....
Courriel / E-mail

.....
Site web / Web site Skype address / Adresse Skype

.....
Formation académique et artistique / Academic and artistic qualifications

X.....

Signature: En signant, j'accepte les conditions de participation. Date

Signature: I hereby accept the conditions of participation.

Please complete and sign this document, then scan it and send it by email to director@artottawa.ca. SVP remplir et signer ce document, le scanner et l'envoyer par courriel à director@artottawa.ca.

Documents to attach to this application:

- Most recent CV and artist's statement
- 20 digital images of recent work plus descriptive list (title, medium, size, date)
- A work plan for the residency period (approximately 500 words)
- At least 2 letters of reference demonstrating your ability to work independently and cooperatively.