

# eastcoast

ARTIST IN RESIDENCE

## APPLICATION FORM

FIRST NAME					
LAST NAME					
MAILING ADDRESS					
CITY		STATE		ZIP	
NATIONALITY					
PHONE (please include area code)					
EMAIL					
CATEGORY (i.e: painter, sculptor, dancer, photographer...)					
WEB PAGE (optional)					
ARTIST STATEMENT OF RESIDENCY  (500 words max)					
START DATE (DD/MM/YYYY)		END DATE (DD/MM/YY)			
HOW DO YOU KNOW ABOUT ECAiR?					

# eastcoast

ARTIST IN RESIDENCE

PLEASE INCLUDE THE FOLLOWINGS ALONG THIS APPLICATION FORM:

- **ARTIST CURRICULUM VITAE**
- **10 IMAGES INCLUDING DETAILS IN JPEG/PDF FORMAT**

## RESIDENCY PLAN

Please provide us an overview of your plans and ideas for the residency. ECAiR will try our best to meet your expectations. If you do not wish to plan anything in advance, please fill in NIL in the columns.

<b>Details</b>	<b>Description</b>
What do you expect during your residency at ECAiR?	
Do you plan to be involved in any programs in Malaysia? (i.e visit, talk, presentation, art class)	
Do you plan to have an exhibition at the end of the residency? If yes, please provide more details for planning.	
Other	

Email to: [application@ecair.my](mailto:application@ecair.my)