

CENTRE FOR THE STUDY OF SUBSTRUCTURED LOSS (Est.2009)

**APPLIED GRIEF AND BEREAVEMENT RESEARCH
INTERDISCIPLINARY/MULTIDISCIPLINARY STUDIO**

SHORT-TERM STUDY RESIDENCY PROGRAMMING

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APPLICATION FORM

Please read carefully and complete all outstanding sections.

SECTION A

RESIDENCY PERIOD:
Day/Month/Year - Day/Month/Year

/ / - / /

Residency Duration:
No. of months

Residency Location:
City, Country

Facility Requirement:
Studio/Workshop Space

Office Desk Space

Additional Information:
(if necessary)

PERSONAL INFORMATION:

Name

Surname

Date of Birth

/ /

Gender

Address

City Country Postal Code

Phone Email

Website/Portfolio/Social Media URL

Current Location/Base (if different from above)

DISCIPLINE:
List all applicable practicing disciplines

FUNDING:
Let us know how you are covering the expenses of the residency (fill in where appropriate)

Covered by Grant Funding Institution Personal

Additional Information:

SECTION B

We only accept applications in English to accommodate our international jury members. Applications are assessed and chosen by a jury on the basis of merit and the Centre's ability to support the proposed research or project.

1. **Statement of Intent:**
Please write a short text (not more than 300 words) with a description of intended work for the period and briefly state your reasons for applying to this residency.

2. **Short Biography** (not more than 150 words):

3. **Artist Statement/Professional Statement** (not more than 200 words):

4. Describe your professional interests and the conceptual or thematic orientation of your practice (not more than 200 words):

CV attached (required)

Yes No

Image(s) attached (Max. 10) - JPEG, PDF, PNG, GIF // 2 MB.

Yes No

Video/Sound attached (Max. 5) - MOV, MP3 // ZIP file format.
Submit as a URL in the website field and if appropriate, attach still(s) of your work.

Yes No

Text(s) attached (Max. 3) - DOC/RTF/PDF

Yes No

SECTION C

Information Regarding: Attached Images/Video/ Sound	Medium	Size/Dimensions (if applicable)	Year	Location (if applicable)

Information Regarding: Attached Texts	Year	Author(s)	Publication	Published by (if applicable)

Additional notes on the attachments (if necessary):

Where did you hear about the Residency program (please specify)?

I have read the accompanying Residency Programming Guide:

Yes No

I accept and acknowledge that all information provided above is complete and accurate:

Yes No

**PLEASE SEND THE COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS TO:
residency@substructuredloss.org**