

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

APPLIED GRIEF AND BEREAVEMENT RESEARCH
INTERDISCIPLINARY / MULTIDISCIPLINARY STUDIO

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ENQUIRIES/NEWSLETTER: SUBSTRUCTUREDLOSS.ORG/CONTACT

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CENTRE FOR THE STUDY OF SUBSTRUCTURED LOSS

SHORT-TERM STUDY RESIDENCY PROGRAMMING

APPLICATION FORM

Please read carefully and complete all outstanding sections.

SECTION A

RESIDENCY PERIOD:
DD/MM/YYYY - DD/MM/YYYY

/ / - / /

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 DD/MM/YYYY 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.
(URL link can also be provided for Video/Sound in the website/portfolio/social media field above.)

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	Author(s)	Publication	Year	Published by (if applicable)

Additional notes on the attachments (if necessary):

SECTION D

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

Full Name
Please Print

Signature

Date
DD/MM/YYYY

INSTRUCTIONS:

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

**PLEASE REFERENCE SHORT-TERM RESIDENCY PROGRAMMING AND APPLICABLE COHORT IN
THE EMAIL SUBJECT HEADING DURING SUBMISSION.**