

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

APPLIED GRIEF AND BEREAVEMENT RESEARCH

SUBSTRUCTURED LOSS: JOURNAL OF APPLIED GRIEF & BEREAVEMENT RESEARCH

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## CENTRE FOR THE STUDY OF SUBSTRUCTURED LOSS

### SHORT-TERM DISTANT STUDY RESIDENCY PROGRAMMING

### REPLACEMENT FOR IN-STUDIO STUDY DURING HEALTH ADVISORIES AND DISCRETIONARY TRAVEL PERIODS

## APPLICATION FORM

Please read carefully and complete all outstanding sections.

### SECTION A

DATE OF APPLICATION:  
DD/MM/YYYY - DD/MM/YYYY

/ /

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. If a URL is provided please complete fields for works specific to your application in SECTION C below.)

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):

Please outline any outstanding information regarding your application below (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](mailto:residency@substructuredloss.org)**

**PLEASE REFERENCE SHORT-TERM DISTANT STUDY (REPLACEMENT COHORTS) RESIDENCY  
PROGRAMMING IN THE EMAIL SUBJECT HEADING DURING SUBMISSION.**

**TECHNICAL ERRORS:**

**PLEASE KINDLY DIRECT ALL FIELD, WEB, AND PAGE DOWNLOAD ERRORS TO:  
[residency@substructuredloss.org](mailto:residency@substructuredloss.org)**