



CULTURE VULTURES

APPLICATION FORM

PERSONAL INFORMATION:

NAME:

DATE OF BIRTH:

CITY/ZIP CODE/COUNTRY:

EMAIL:

PHONE NUMBER:

GENDER:

LANGUAGE(S) SPOKEN:

WEBPAGE OR LINKS :

PROJECT INFORMATION:

ARTISTIC PRACTICE/RESEARCH INTERESTS:

REQUESTED LENGTH OF RESIDENCE IN SEFROU :

PREFERED DATES/ RESIDENCY PROGRAM

PROJECT DESCRIPTION &/OR COLLABORATIVE ASPIRATIONS:

REASON FOR APPLICATION FOR THIS RESIDENCY:

Please send submission to cvairs@yahoo.com and 5 – 8 images (JPG), documents or video links to relevant works.

<http://culturevulturesfez.org/>