

Section I. Personal Information

Name: \_\_\_\_\_  
Artistic Discipline: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Studio/Gallery address: \_\_\_\_\_  
Phone (mobile /studio): \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Section II. Application Process

All information regarding the application process can be found on [eskff.com](http://eskff.com) under 'residency'. Images of artwork brought in cannot always represent the quality one truly has. Eskff would prefer original work be brought to the portfolio review. Download Program Guidelines for additional instructions of the application process.

Section III. Artistic Information

Please attach your resume/bio. Please provide a brief description of your artistic goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with the names, artistic affiliations (job titles), addresses and telephone numbers of at least three professional references: curators, gallery owners, critics or other artists who are familiar with your work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section IV. Proprietary Information

Do you want all or part of the information set forth in the application to remain confidential? YES NO

Please indicate what information you would like to remain confidential, if any: \_\_\_\_\_

Please provide information for statistical purposes: age, gender and other data to demonstrate ESKFFs compliance with requirements of law and assist ESKFF in meeting its commitment to reach a diverse community of artists: Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section VII. Certification of Information Provided

I hereby declare that all of the information contained in this application and all the documentation submitted in support thereof is true, accurate and genuine to the best of my knowledge.

I also acknowledge the minimum requirement of 25 hours per week spent in the space provided by ESKFF.

\_\_\_\_\_  
**(Signature of Applicant, Date)**