

APPLICATION FORM
Mooste KülalisStuudio
Mooste Guest Studio

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Artist Residency

DISCIPLINE: _____

FAMILY NAME: _____ FIRST NAME: _____ SEX: _____

CITIZENSHIP: _____ DATE AND PLACE OF BIRTH: _____

ADDRESS (where you can be reached): _____

CITY: _____ COUNTRY: _____ POSTAL CODE: _____

PHONE/ FAX NUMBER: _____

EMAIL: _____

WEBSITE URL (if work is available online): _____

Preferred duration of residency (in months): _____

Preferred dates of residency: _____

Languages spoken: _____

PLEASE INCLUDE ALSO:

- a curriculum vitae. (cv must indicate your educational qualifications, your artistic experience, education or work experience abroad)
- A brief text explaining your reasons why you wish to participate in MoKS artist-in-residence program and your objectives for the residency period.
- Artistic documentation: photos, slides, CD-rom, DVD, vhs or miniDV video cassette (PAL or NTSC standard) etc.

If you want your files to be returned please provide a self-addressed envelope together with an international postal coupon of an amount sufficient to cover the postage costs. Files of the artists, chosen to the MoKS residency, will not be returned.

How did you hear about MoKS? _____

Signature _____ Date _____