



KAB Library and Residency kablibresidency@gmail.com
2-24-1 Kyojima Sumida, TOKYO Zip 131-0046 <https://kab-air.com/>

KAB ARTIST-IN-RESIDENCE

APPLICATION FORM

ARTIST'S NAME: (LAST) _____
(FIRST) _____ (MIDDLE) _____

PHONE: (_____) _____ URL: _____

EMAIL: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

(if different from above)

PASSPORT No.: _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____ AGE: _____ GENDER: MALE / FEMALE

BIRTHPLACE: _____ NATIONALITY: _____

AVAILABLE LANGUAGE: _____

EDUCATION: _____ DEGREE _____ YEAR _____

_____ DEGREE _____ YEAR _____

_____ DEGREE _____ YEAR _____

CURRENT OCCUPATION: _____

SPECIFIC FIELD OF ART: _____

GALLERY AFFILIATION (if any): _____

PERIOD OF YOUR STAY: _____

PLEASE LIST REFERENCES (name, position/title and e-mail address of professionals that know you and your work well.) DO NOT send any letters of recommendation.

1. _____

2. _____

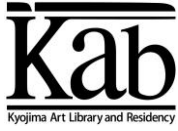
Have you applied to this program? (if yes, when?) _____

How did you know about this program (to be specific)? _____

PLEASE NOTE: This form must accompany Statement, images of your works, image details and CV/resume. Application materials above can be sent electronically to [KABlibresidency@gmail.com](mailto:kablibresidency@gmail.com).

Your reservation will be fixed after the payment in advance via online (paypal) to the office.

※ INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



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ARTIST'S STATEMENT

(Please complete your Artist's Statement within 100 words.)

MOTIVE FOR APPLICATION

(Please state your motive for applying to KAB within 150 words.)



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WORK PROPOSAL

Please outline your work plan during your stay, although your proposal can be changed after your arrival in Japan. Please note if you need to know the specific supports such as engineers, craftsmen, technical supports, special materials, so on, let us know in advance.
