

APPENDIX APPLICATION FORM

IDENTIFICATION			
LAST NAME:		FIRST NAME:	
STATUS IN CANADA:			
CONTACT INFORMATION			
ADDRESS:			
CITY:		POSTAL CODE:	
PROVINCE:	COUNTRY:		
TELEPHONE:		EMAIL:	
IMPRESSIONS ARTIST RESIDENCY CRITERIA			
ARE YOU A SOLO ARTIST?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE LESS THAN SEVEN YEARS OF PROFESSIONAL PRACTICE IN QUEBEC?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU RESIDED ON THE ISLAND OF MONTREAL FOR AT LEAST ONE YEAR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHAT DOES YOUR ARTISTIC PRACTICE CONSIST OF? (CHECK MORE THAN ONE IF APPLICABLE)			
<input type="checkbox"/> Painting	<input type="checkbox"/> Video	<input type="checkbox"/> Photography	
<input type="checkbox"/> Sculpture	<input type="checkbox"/> Installation	<input type="checkbox"/> Other (specify):	
WHICH COLLECTION ARE YOU INTERESTED IN? (CHECK MORE THAN ONE IF APPLICABLE)			
<input type="checkbox"/> Early Decorative Arts	<input type="checkbox"/> European Art and Old Masters	<input type="checkbox"/> Asian Art	
<input type="checkbox"/> Modern and Contemporary Decorative Arts	<input type="checkbox"/> Mediterranean Archaeology	<input type="checkbox"/> Middle Eastern Art	
<input type="checkbox"/> Photography	<input type="checkbox"/> Quebec and Canadian Art (before 1945)	<input type="checkbox"/> African Art	
<input type="checkbox"/> International Modern Art	<input type="checkbox"/> Quebec and Canadian Art (after 1945)	<input type="checkbox"/> Arts of the Americas	
<input type="checkbox"/> Contemporary Art			
DO YOU BELONG TO A CULTURAL COMMUNITY OR VISIBLE MINORITY? ** IF SO, PLEASE SPECIFY:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

** For an explanation of these terms, as defined by the Conseil des arts de Montréal, please visit
<https://www.artsmontreal.org/en/artists/cultural-diversity>