

**APPENDIX
APPLICATION FORM**

IDENTIFICATION		
LAST NAME:	FIRST NAME:	
STATUS IN CANADA:		
CONTACT INFORMATION		
ADDRESS:		
CITY:	PROVINCE:	COUNTRY:
PHONE NUMBER:	EMAIL ADDRESS:	
IMPRESSIONS ARTIST RESIDENCY CRITERIA		
ARE YOU A SOLO ARTIST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU AN ARTIST WITH LESS THAN 7 YEARS OF PROFESSIONAL PRACTICE IN QUEBEC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU A RESIDENT OF THE ISLAND OF MONTREAL FOR AT LEAST ONE YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHAT IS YOUR TYPE OF PRACTICE? (CHECK MORE THAN ONE IF APPLICABLE)		
<input type="checkbox"/> Painting	<input type="checkbox"/> Video	<input type="checkbox"/> Performance art
<input type="checkbox"/> Sculpture	<input type="checkbox"/> Installation	<input type="checkbox"/> Photography
<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 Arts
<input type="checkbox"/> Modern and Contemporary Decorative Arts	<input type="checkbox"/> Mediterranean Archaeology	<input type="checkbox"/> Middle Eastern Arts
<input type="checkbox"/> Photography	<input type="checkbox"/> Quebec and Canadian Art (before 1945)	<input type="checkbox"/> African Arts
<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		
ARE YOU AN ARTIST FROM A CULTURAL COMMUNITY OR A VISIBLE MINORITY OR ARE YOU A FIRST NATIONS, INUIT OR MÉTIS ARTIST?¹	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF SO, PLEASE SPECIFY:		

¹ For more information on the definition of terms used, as determined by the Conseil des arts de Montréal, visit <https://www.artsmontreal.org/en/artists/cultural-diversity>