**2021-2022 PHOENIX ATHENS RESIDENCY APPLICATION**

If you have any questions or require additional information about the residency, please contact us at: [director@phoenixathens.org](mailto:director@phoenixathens.org)

***PLEASE TAKE NOTE OF THE FOLLOWING:***

-A minimum duration of two weeks for the residency is recommended. If for any reason you wish to pursue a shorter residency, please let us know.

-Couples and group residencies are welcome. If you wish to apply as a duo or a team, please let us know.

-For FULL RESIDENCIES lasting more than one month, the weekly rate for the LIGHT RESIDENCY applies for consecutive weeks after the 1st month.

-For students and recent graduates, the LIGHT RESEARCH RESIDENCY, or the LOCALS ONLY ACCELERATOR RESIDENCY (for Athens-based art and design students) is recommended.

-Once your application has been approved, a € 300 deposit is required to secure your residency. This amount is deducted from the total residency fee.

-Each year Phoenix Athens offers at least one subsidized residency for highly motivated professional artists or disadvantaged artists. If you wish to be considered for this opportunity, please indicate this in your application and how you would like to make a contribution through additional workshops and activities with us.

**Please provide us with following information :**

**I. PERSONAL DETAILS**

|  |  |
| --- | --- |
| 1. | NAME: |
| 2. | NATIONALITY: |
| 3. | DATE OF BIRTH: |
| 4. | GENDER: |
| 5. | ADDRESS: |
| 6. | PHONE: |
| 7. | EMAIL: |
| 8. | WEBSITE, BLOG OR VIRTUAL GALLERY: |

**RESIDENCY LENGTH, TYPE AND DURATION**

*PHOENIX ATHENS OFFERS SEVERAL RESIDENCY PACKAGES. PLEASE INDICATE DESIRED RESIDENCY TYPE AND DURATION OF YOUR RESIDENCY.*

*Please make your selection by typing “X” to indicate* the time frame and duration of your residency. Please provide us with dates to help us with planning your residency.

**PLEASE INDICATE DESIRED RESIDENCY TYPE AND TIME FRAME BELOW:**

|  |  |
| --- | --- |
|  | FULL Includes a one-month exhibition at Phoenix Athens Gallery |
|  | LIGHT RESEARCH RESIDENCY (includes a one-week exhibition or showcase event) |
|  | LOCALS ONLY ACCELERATOR-FOR ATHENS RESIDENTS (includes a showcase event) |

**FULL RESIDENCY**

|  |  |  |
| --- | --- | --- |
|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
|  | TWO WEEKS € 600 |  |
|  | THREE WEEKS € 900 |  |
|  | ONE MONTH € 1200 |  |
| OTHER: | |  |

EACH ADDITIONAL WEEK COSTS €300

**LIGHT RESIDENCY** (also Student Rate)

|  |  |  |
| --- | --- | --- |
|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
|  | TWO WEEKS €500 |  |
|  | THREE WEEKS €750 |  |
|  | ONE MONTH €1000 |  |
| OTHER: | |  |

EACH ADDITIONAL WEEK COSTS €250

**LOCALS ONLY ACCELERATOR RESIDENCY**

|  |  |  |
| --- | --- | --- |
|  | DURATION | TIME FRAME (PLEASE INDICATE PREFERRED DATES) |
|  | TWO WEEKS € 400 |  |
|  | THREE WEEKS €600 |  |
|  | ONE MONTH €800 |  |
| OTHER: | |  |

EACH ADDITIONAL WEEK COSTS €200

/ / /

**NAMES OF REFERENCES (AT LEAST TWO PREFERRED)**

|  |  |  |
| --- | --- | --- |
| 1. | NAME, EMAIL & PHONE OF 1st REFEREE | INSTITUTION, IF ANY |
|
| 2, | NAME, EMAIL & PHONE OF 2ND REFEREE | INSTITUTION, IF ANY |
|

**COMMUNITY INVOLVEMENT**

We ask that residents interact with the community through a presentation of their practice.

Please provide detailed information about this in the **PROJECT PROPOSAL** and by using the following checklist.

* COLLABORATION WITH OTHER ARTISTS/PRACTITIONERS
* WORKSHOPS
* ARTIST TALK
* OTHER (BRIEFLY DESCRIBE BELOW)

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**LETTER OF INTENT**

|  |
| --- |
| Please tell us why you are applying to the Villa Exarchia Residency (250-500 Words) |
|

**PROJECT TITLE**

WORKING TITLE FOR YOUR PROJECT/ EXHIBITION

|  |
| --- |
|  |

**PROJECT PROPOSAL (**AT LEAST 250 WORDS)

|  |
| --- |
|  |

**PORTFOLIO**

Please send videos and larger image files via [wetransfer](https://wetransfer.com/) to [director@phoenixathens.org](mailto:director@phoenixathens.org)

*Please be sure that image titles below match those sent via WeTransfer*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | TITLE | MEDIA | SIZE | DATE |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

**SPECIAL NEEDS / DISABILITIES**

Do you have a disability or require special assistance during the residency?

|  |  |
| --- | --- |
|  | YES |
|  | NO |

|  |
| --- |
| If yes, please indicate your specific needs so that we can make any adjustments which may be necessary. |
|  |

**CHECKLIST**

PLEASE USE THE CHECKLIST BELOW TO BE SURE THAT YOU HAVE COMPLETED ALL OF THE APPLICATION REQUIREMENTS BEFORE SENDING TO: [director@phoenixathens.org](mailto:director@phoenixathens.org)

|  |  |
| --- | --- |
|  | PERSONAL DETAILS |
|  | RESIDENCY TYPE, DATES AND DURATION |
|  | ARTIST CV |
|  | ARTIST’S STATEMENT |
|  | PROJECT PROPOSAL |
|  | PORTFOLIO |
|  | ANY SPECIAL NEEDS YOU MAY HAVE |
|  | COMMUNITY INVOLVEMENT |
|  | REFERENCES |

WE LOOK FORWARD TO RECEIVING YOUR APPLICATION!