

## **Ar.Vi.Ma. Artist Residency 2025**

### **APPLICATION FORM**

I, the undersigned:

**Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone no.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### **REQUEST**

to participate in the selection for the Ar.Vi.Ma. 2025 Artist Residency and to this end

### **DECLARE**

- that the works in the portfolio were created by the undersigned candidate.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

### **AUTHORISE**

- the processing of my personal data in accordance with Legislative Decree 196 / 2003.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

- the use of the images of the works in the portfolio.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

**attach copy of valid identity document**