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647 725 5064

APPLICATION FORM

Applicant Information

Name:

Address:

Phone:

Email:

Preferred language for communication:

What is the best way to reach you? Phone, email or in person:

Please answer the questions below. You may complete your answers on a separate page. Each response should be no longer than 200 words.

Artistic Practice

1. How would you describe your artistic practice?

2. Do Deaf, Mad or disability identities play a role in your artistic practice? Why or why not?

Project Description

3. Tell us about the project you are proposing. Does it respond to the questions in our call for submissions?

4. How do you imagine your project fitting in the Tangled Art Gallery space?

5. How do you imagine integrating accessibility for audiences into your project?

6. How would this project engage Deaf, Mad and disability communities locally, online or through social media?

7. How would you make use of a $3,000 budget for the creation of this project?

8. Please outline your schedule for the creation period (June 1-September 1, 2017).

Is there anything else you would like to tell us? Please limit your response to no longer than 250 words?