



Please complete this application and return it to SPACES along with support material.
Application Acceptance Deadline: December 15, 2017

* indicates required information.

*Name:

*Address:

*City:

*State/Province/Region:

*Country:

*Phone Number:

*Zip/Postal Code:

Website:

*Email:

If you live outside of NE Ohio, Who nominated you for SWAP?

Application Checklist

Completed applicaton form (pdf)

Please refer to the Application Guidelines to answer your questions. Late or incomplete applications will not be considered.

Work sample list

One Page CV, (pdf)

Email complete application to:
swap@spacesgallery.org

Properly labeled .jpg files sent to SWAP@SPACESgallery.org

Artist Statement

Insert below a 150-word artist statement that succinctly describes your work process and or Work

SWAP Statement

Include a 150-word statement describing your project and why it requires the framework of a SWAP residency for its success. Addressing the questions “Why Cleveland?” and “Why Now?” will illustrate to the review panel the timeliness of your proposal.

Work Sample List

This list should correspond to the submitted work samples and support sketches, indicating file name, title, date, dimensions/duration, media and one brief explanatory note (if needed) for each piece. The work sample list should also include URLs to Video, audio, and web-based work samples.

File Name:	Date:
Title:	Dimensions/Duration:
Media: (url, link)	
Note:	
File Name:	Date:
Title:	Dimensions/Duration:
Media: (url, link)	
Note:	
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Title:	Dimensions/Duration:
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Media: (url, link)	
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File Name:	Date:
Title:	Dimensions/Duration:
Media: (url, link)	
Note:	

Work Sample List (cont)

File Name:

Title:

Media: (url, link)

Note:

File Name:

Title:

Media: (url, link)

Note:

File Name:

Title:

Media: (url, link)

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Note:

Date:

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Any last words?