

ARTIST RESIDENCY APPLICATION FORM

Please send your application to: residency@cogalleries.com

We are looking forward to hearing from you and we promise to look at every single application!

Applications are accepted on a rolling basis. Residencies are between 2 month - 12 months

Address	
Postal Code	
Country	
Phone Number	
E-Mail Address	
Website	

Family Name	
First Name	
Gender	
Nationality	
Date of Birth	
Place of Birth	

Passport Number	
Expiration Date	

Address	
Postal Code	
Country	
Phone Number	
E-Mail Address	
Website	

Which type of residency do you wish to apply for?	
Residency Start Date	
Residency End Date	
Discipline(s)	
Residency with housing	
Residency without housing	

Describe the project that you would like to realise at coGalleries?

Please provide us with 3 images of your artwork in jpg. These images will be used on our social media, website, invitations and catalogues. Please use your name and title as the file name

What are your expectations from participating in our residency program?

Do you have any further comments or questions?

Attachments (please attach to your application e-mail)

- CV
- Minimum 3 jpgs of your artworks, process on how you work, exhibition view

Further questions? Get in contact to us:

E-Mail: residency@cogalleries.com

Telephone: 0049 176 40756029