

Artist Development Support – Application Form

Your Details

Your Name	
Your email Address	
Your Phone Number	
Your Bank Details	Bank: BSB: ACCT:

About You

Your background in your artistic practice
Your goals for your artistic practice eg next three (3) years
Your progress so far

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The Opportunity you wish to pursue

Describe the opportunity (and its timing) you are pursuing and how you believe it will contribute to your artistic practice and achieving your three (3) year goals.

Describe your specific goals for attending this opportunity

How you will use the funds to support you

Outline how you will use any financial support from KCA Public Fund Artistic Development Support program.