**Your Details**

|  |  |
| --- | --- |
| Your Name |  |
| Your email Address |  |
| Your Phone Number |  |

**About You**

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

**The Opportunity you wish to pursue**

|  |
| --- |
| Describe the opportunity you are pursuing and how you believe it will contribute to your artistic practice and achieving your three (3) year goal. |
|  |
| Describe your specific goals for attending this opportunity. |
|  |

**How you will use the Bursary to support you**

|  |
| --- |
| Outline how you will use the $500 from the KCA Emerging Artist Development Bursary Program if successful. |
|  |

Email your completed Application form to keppelcoastarts@gmail.com by COB Friday 26 April 2019.