

Personal Information Sheet

Open Call Studio Residency Stipend

Bibliothek Andreas Züst

DESIRED PERIOD
OF STAY

Month:

April (Application Deadline: October 31)

November (Application Deadline: May 31)

Request for Living Costs Subsidy (CHF 250 per person/week): yes no

For working teams of up to four persons, please fill in the respective information individually for each person.

PERSONAL
INFORMATION
(Individual or
First Person
of a Team)

Last Name/First Name: _____

Address: _____

Country: _____

Telephone: _____

Email: _____

Website: _____

Nationality: _____

Date of Birth: _____

EDUCATION

Education/Study Program: _____

Institution: _____

Year of Graduation: _____

Education/Study Program: _____

Institution: _____

Year of Graduation: _____

LANGUAGES
AND LEVEL

Language: _____

native speaker or bilingual fluent
able to converse basic knowledge

Language: _____

native speaker or bilingual fluent
able to converse basic knowledge

PERSONAL
INFORMATION
(Second Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____

EDUCATION

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

LANGUAGES
AND LEVEL

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge

PERSONAL
INFORMATION
(Third Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____

EDUCATION

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

LANGUAGES
AND LEVEL

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge

PERSONAL
INFORMATION
(Fourth Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____

EDUCATION

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

Education/Study Program: _____
Institution: _____
Year of Graduation: _____

LANGUAGES
AND LEVEL

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge

Language: _____
native speaker or bilingual fluent
able to converse basic knowledge