

KLAUSTRID

Residence for artists, writers and scholars at Skriduklaustur

Application

Name: _____

Address: _____

ID-number: _____ Phone: _____

Writer
 Scholar
 Artist
 Musician
 Other profession: _____

E-mail: _____

Apply for the residence in: 3 weeks
 4 weeks
 5 weeks
 6 weeks

Desired period of the year:
1. choice _____
2. choice _____

Information on education and work: _____

Project in the residence: _____

Enclosed lists of works, shows, CV or whatever improves the application:

Date: _____ Signature: _____

Send this application to: klaustur@skriduklaustur.is (or Gunnarsstofnun, 701 Egilsstaðir, ICELAND)
Further information: Skúli Björn Gunnarsson • +354-471-2990