Ⅰ- APPLICANT INFORMATION FORM\_ORGANIZATION

① **ORGANIZATION OVERVIEW**

APPLICATION RECEIPT NUMBER

|  |  |
| --- | --- |
| NAME OF ORGANIZATION |  |
| NAME OF REPRESENTATIVE |  | TITLE OF REPRESENTATIVE |  |
| ORGANIZATION (OFFICE) ADDRESS | TEL |  |
|  | FAX |  |
| E-MAIL |  |
| WEBSITE |  | ORGANIZATION TYPE |  |
| DATE OF ESTABLISHMENT |  | MAIN GOVERNMENT DIVISION |  |
| STRUCTURE | LIST OF EXECUTIVES | NUMBER OF MEMBERS:MAIN MEMBERS：(EXCEPT EXCECTUIVE MEMBERS LISTED LEFT)PARTICIPATION REQUIREMENTS ： |
| TITLE FULL NAME |
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| OBJECTIVE / SPECIALITY | Please simply describe the objective of the organization and specialties in its operation and activities. |
|  |
| HISTORY/ BACKGROUD | Please simply describe the brief history and renowned achievements of the organization since its establishment. |
|  |
| AWARDS WON BY ORGANIZATION |  |
| PERSON IN CHARGE OF APPLICATION | CONTACT INFORMATION OF PERSON IN CHARGE | POSTAL MAILING ADDRESS |
|  | TEL/MOBILE |  |  |
| FAX |  |
| E-MAIL |  |

Ⅰ- APPLICANT INFORMATION FORM\_ORGANIZATION

②**PROFILE OF MAIN PERSONNEL OF THE PROJECT**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME(REAL NAME) |  | NAME (ARTIST NAME) |  |
| PRESENT POST |  | DATE OF BIRTH | . . | AGE: |
| GENDER |  |
| MAJOR EXPERIENCESappendix applicableif necessary | YEAR/MONTH –YEAR/MONTH EDUCATION/PROFESSIONAL EXPERIENCES/ORGANIZATIONS |
| 2010.April - Graduated with B.A., ◯◯◯◯ University, Department of ◯◯◯, Major in ◯◯, Minor in ◯◯2014.March |
| 2014. April -Graduated with M.F.A., ◯◯◯ University, Department of ◯◯◯, Major in ◯◯, Minor in ◯◯2016. March |
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| MAJOR EXHIBITIONS/AWARDS/GRANT |
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