APPLICATION	
RECEIPT NUMBER	

$\begin{tabular}{ll} \hline (1) & ORGANIZATION & OVERVIEW \\ \hline \end{tabular}$

NAME OF ORGANIZATION								
NAME OF REPRESENTATIVE					TITLE OF REPRESENTATIVE			
	ORGANIZATIO	ON (OFFICE) ADDE	RESS		TEL			
					FAX			
					E-MAIL			
WEBSITE					ORGANIZATION TYPE			
DATE OF ESTABLISHMENT				MAIN GOVERN	MENT DIVISION			
	LIS	T OF EXECUTIVES		NUMBER OF M	EMBERS:			
	TITLE	FULL NAM	E					
				MAIN MEMBER	S:			
				(EXCEPT EXCE	CTUIVE MEMBERS L	LISTED LEFT)		
STRUCTURE								
		<u> </u>		PARTICIPATION	REQUIREMENTS :			
				7				
	Please simply describe the objective of the organization and specialties in its operation and activities.							
OBJECTIVE / SPECIALITY	Trouse simply describe the objective of the organization and specialities in its operation and activities.							
	Please simply describe the brief history and renowned achievements of the organization since its establishment.							
HISTORY/ BACKGROUD	, , zzzzme me znemen, zmaz somo znemen z							
AWARDS WON BY ORGANIZATION								
PERSON IN CHARG	SE OF	CONTACT INFORM	ATION OF F	PERSON IN	POSTAL MAILING A	ADDRESS		
APPLICATION		CHARGE TEL/MOBILE		<u> </u>				
		FAX						
		E-MAIL						

2PROFILE OF MAIN PERSONNEL OF THE PROJECT

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