

VISUAL AID



Visual Aid
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San Francisco, CA 94105

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Visual Aid Services Application For New Applicants

Deadlines

June 5
December 5

Notification

July 21
January 21

Applications must arrive at the Visual Aid office by the actual date of the deadline. Applications received after the deadline, regardless of postmark, will be reviewed during the following review. If the deadline falls on a weekend or a national holiday, submit the application to the Visual Aid office by the following business day.

Send application to Visual Aid, 57 Post Street, Suite 905, San Francisco, CA 94104.

Name _____

Address _____

City/State/Zip _____

County _____

Telephone _____

E-Mail _____

Website _____

Signature _____ Date _____

1. Type of life-threatening illness and date of diagnosis _____

REQUIRED : Please include a letter from your physician substantiating your diagnosis and stating that you have a life-threatening illness.

2. Please address the following questions on a separate sheet of paper:

- a) How long have you worked in the visual arts?
- b) What visual arts training, formal or otherwise, have you received?
- c) What experiences have contributed to your visual arts education?
- d) Why is making art important to you?
- e) How would you benefit from Visual Aid services?

3. Enclose the following with your application:

- a) Current professional art-related resume
- b) Three (3) letters of reference from fine arts professionals (curators, dealers, teachers, critics or other artists) who are familiar with your work and can verify that you are a professional fine artist.
- c) 10 slides of your work, including 5 slides of your current work and 5 slides of your work demonstrating your art production over a period of years.
- d) A slide list
- e) Slides and slide list must be numbered and labeled with: your name, title of the piece, media, dimensions and date (see example below). All slides of accepted applicants become the property of Visual Aid
- f) Artist Statement: submit a separate sheet with your artist statement or write 1-2 paragraphs about your work



4. Art discipline(s) _____

5. What materials do you primarily use? (This information is helpful for soliciting materials manufacturers for the Art Bank.)

6. Grants, Awards or honors received?

7. How did you learn about Visual Aid programs?

8. Person to contact in case of emergency:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

9. I agree to allow curators, critics, dealers and other persons interested in my work to examine the visual materials in my application file.

Yes _____ No _____

I, the undersigned applicant, agree that the information on this application is true, and I give my permission for the administrators of Visual Aid to verify any of the information given in this application.

Applicant's signature _____ Date _____

All of the information on this application (except the visual materials, if the applicant so indicated) will be used only for confirming the applicant's eligibility for Visual Aid services or for compiling internal statistics to analyze Visual Aid's programs.

The following questions are optional and are asked for statistical purposes only. This information is helpful to Visual Aid for applying for grants to support its programs. Your answers are in no way used to determine your eligibility for Visual Aid services.

Ethnicity: a. African American b. Native American c. Latino
 d. Asian/Pacific Islander e. Caucasian f. Other: _____

Gender: a. Male b. Female c. Transgender

Identify as: a. LGBT b. Heterosexual

Age: ___ 18 – 34 ___ 35 – 54 ___ 55 and Over