*Applicant to complete*

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| **Name(s) of Applicant(s)** |  | |
| **Have you been awarded a residency or artist research bursary with TWR before?** | | Yes / No |

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|  | *(Enter number)* **week(s)** | | ***or* Other.** | *Please specify* | |
| **Preferred Dates:** |  | | | **Flexible?** | Yes / No |
| **Will you be working with other dance artists or collaborators during your residency?** | Yes / No | **If *‘Yes’* how will this be financed?** | *Please Detail* | | |
| **Link to Expression of Interest** *Video & Audio submissions only* |  | | | | |
| **1. Please give a brief overview of your project and what the seed funding would support?** | | | | | |
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| **2. What is your relationship to the people you are proposing to connect with, during this activity or in the future?** | | | | | |
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