



HAWAII
STATE FOUNDATION on
CULTURE and the ARTS

VISUAL ARTIST PROFILE

Full Name _____ Male _____

Female _____

Social Security or Federal Tax ID number _____

Home Address: _____

Business or Mailing Address: _____

Email Address: _____ Website address: _____

Phone - Home: _____ Mobile: _____ Business: _____

Year of Birth (optional): _____ Birthplace (optional): _____

Are you a Hawaii Resident? Yes No Part-time (circle or select one)

Preferred Media, if any: _____

Attach your resume or curriculum vitae, to include:

- Education (school and location, course of study, degree, year)
- Art-Related Teaching Experience (institution and location, subject/courses taught, year/duration)
- Awards, Grants, Scholarships (include year)
- Gallery Affiliations/Agent Representatives
- Exhibitions (specify group or one-artist show, location, year of exhibit)
- Collections/Commissions (include year of completion)
- Publications (articles, books, etc.; include year of publication)

I certify that the above information is true and correct to the best of my knowledge, and has been provided voluntarily. I understand that the information provided will be used for the purposes of the State Foundation on Culture and the Arts and the Art in Public Places Program.

Signature

Date