PUBLIC ART FOR PUBLIC SCHOOLS
ARTIST REGISTRY APPLICATION

NAME

_____

Title **First** **Last**

ADDRESS

_____

Street **Apartment**

_____

City **State** **Zip** **Country**

CONTACT

_____

Cell phone **Email**

_____ @_____

Website **Instagram (optional)**

GALLERY
(if applicable)

_____

Name

_____

Street **City** **State** **Zip** **Country**

_____

Gallery Contact Person **Email** **Phone**

* International artists must have a US Tax ID number to participate. If living internationally, do you have a US Tax ID number: ☐ Yes ☐ No

PRIMARY MEDIUM
(check all that apply)

☐ Sculpture ☐ Painting ☐ Drawing /
☐ Installation ☐ Photography ☐ Printmaking Other

ARTIST STATEMENT A brief description of your work – what does it look like, what materials and techniques do you use, what are your motivations and inspirations. (175 words maximum):

SIGNATURE
(Print or e-signature) _____ **DATE** _____

Please save this form as 'Last Name_First Name_Artist Registry Application.PDF', and submit it to:
papsinfo@nycsca.org

*If you would like to submit any additional images that are not on your website or Instagram, please send us a PDF, 20 images max, 14 MB max file size, and caption each image with title, year, materials, and dimensions.

PUBLIC ART FOR PUBLIC SCHOOLS
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