

MURALSDC FY2019 REQUEST FOR QUALIFICATIONS GRAFFITI & AEROSOL MURAL ARTISTS APPLICATION FORM

Please select the ONE that applies:

O Individual Artist O Artist Team

Primary Contact

Name:

Address

City

Daytime Phone

Email

Artist Team Member

Name

Email:

Email:

Narrative Questions

DEADLINE DATE: April 30, 2019 (4pm)

Please answer the following questions and upload it with your application as a separate pdf document. Responses should not total more than (one) 1 page.

Team Name:

- 1. Are you a first time MuralsDC applicant? What interested and inspired you to apply?
- 2. If you are a returning participate, what year(s) did you participate in the program and in which location(s) did you install a mural?
- 3. What are your design and installation strengths and weaknesses? As an Artist, how do you build upon your strengths and overcome your weaknesses?
- 4. What are the largest and smallest murals that you have designed/installed and how long did it take to complete them? Where you the lead artist or a part of a team?
- 5. How long have you been a lead artist and have you instructed youth in the areas of aerosol painting, if so, for how long?









ANNOTATED IMAGE LIST

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