



• **REGISTRATION FORM FOR THE ARTISTIC CREATION SCHOLARSHIPS** •

**PERSONAL DATA**

**FULL NAME**

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**PHONE NUMBER**

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**EMAIL**

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**ADRESS**

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**POSTAL CODE**

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**BIRTH DATE** (DD/MM/YYYY)

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**CITIZEN CARD**

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**TAX IDENTIFICATION NUMBER**

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**NATIONALITY**

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**ACADEMIC QUALIFICATIONS**

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**AREA OF YOUR PROJECT**

Please select one of the options :

- VISUAL ARTS
- PERFORMING ARTS
- CREATIVE WRITING



To submit your application, please send your filled form to this email:  
**bolsascriacaoartistica@funchal.pt**

## SUBJECT OF THE PROJECT

(up to 200 words)

(indicate your project links for website, blog, social networks (Youtube, Vimeo, Facebook, other))

## WHY IS YOUR PROJECT IMPORTANT FOR FUNCHAL CITY?

(up to 200 words)

## BIOGRAPHY



## REGULATION

By submitting this application, I declare that I have read, understood, became aware of and accepted all the provisions of the competition's regulations.

Tick one of the options with a cross:

YES

## ATTENTION!

To ensure that your application is properly considered and evaluated, be sure to check the submission of the following documents:

- Correctly filled form;
- Summary about your project and the steps that are necessary to develop it;
- Itemized budget and financial schedule of the work project;
- Execution schedule of the artistic project;
- Curriculum vitae of the candidate;
- Portfolio and links to multimedia materials, if applicable;
- Declaration of honor that copyrights and related rights are safeguarded;
- IBAN proof, with the account in the candidate's name.