

2025

MI-LAB Artist-in-Residence in Echizen

2025 Mokuhanga Basic Training Program:

- Basic-A: From April 13 (Sun.) to May 17 (Sat.)**
- Basic-B: From September 7 (Sun.) to October 11 (Sat.)**
- Basic-C: From October 19 (Sun.) to November 22 (Sat.)**

*Please tick the box. You can apply to more than one program at the same time.

*Participation fee

This is self-supported program. The participation fee is **JPY450,000** including a consumption tax and PayPal handling fee.

APPLICATION FORM

1. Please read carefully the “2025 MI-LAB Basic Training Program Guidelines”.

2. **MATERIALS TO BE SUBMITTED: by e-mail**

- A completed Application Form.
- A statement explaining how the participation in the above program and the acquisition of Mokuhanga skills and knowledge are important to you (max: 400 words)
- Your Curriculum Vitae including education, exhibitions and work experience information.
- Three images of your artwork (at least one should be painting, drawing or printing work):
Format and size for application by e-mail: jpeg images, max 1 MB per image.
- The PDF file of a letter of recommendation from a person who knows well your work and who is a university lecturer, gallery/museum director, artist, critic or of similar profession, which discusses briefly your suitability for the MI-LAB program. The letter should have letterhead of the organization where the recommender belongs to and include the recommender’s name, contact address, and signature.

3. **ADDRESSES FOR SUBMISSION OF APPLICATION DOCUMENTS**

E-mail Address: infodesk@endeavor.or.jp

We will confirm by e-mail the receipt of your application.

4. **APPLICATION DUE DATE**

April 22 (Mon), 2024

5. **SELECTION RESULT ANNOUNCEMENT**

April 30, 2024 by e-mail

6. FORM - Please fill in by typing all the fields.

Family name:		Given names:	
The full name to be visualized as artist's official name in order "Name" "Family name":			
Home address:			
Country / postcode:			
e-mail address:			
Tel (home or mobile):		Fax:	
Contact address (if different from above):			
Tel (home or mobile):			
Fax:			
Country / postcode:			
Date of birth (DD/MM/YYYY):		Age:	Sex:
Town / City of birth:		Nationality:	
Please briefly describe your current profession, activities / employment:			
Institution (if applicable):			
Position (if applicable):			
How did you learn about this program?			

Please provide any academic art education details:		
1	Name of Institution	
	Location	
	Department	
	Major	
	Period of Attendance	
	Qualification Obtained (BA/BFA/MA/MFA/Ph.D./etc)	
2	Name of Institution	
	Location	
	Department	
	Major	
	Period of Attendance	
	Qualification Obtained (BA/BFA/MA/MFA/Ph.D./etc)	
<p>If you have participated in any other relevant courses, seminars, workshops or residency programs, please list them here:</p>		

<p>How many times have you visited Japan? __ times <input type="checkbox"/> Never</p>						
<p>Have you ever stayed in Japan for a purpose other than tourism?</p> <p><input type="checkbox"/> For study <input type="checkbox"/> For work <input type="checkbox"/> Other:</p>						
<p>For how many years have you engaged in visual arts? __ years <input type="checkbox"/> None</p> <p>Which field(s)?</p> <p><input type="checkbox"/> Painting <input type="checkbox"/> Sculpture <input type="checkbox"/> Printmaking <input type="checkbox"/> Other:</p>						
<p>How many years have you engaged in printmaking? __ years <input type="checkbox"/> None</p> <p>Which subject(s)?</p> <p><input type="checkbox"/> Copperplate <input type="checkbox"/> Woodblock <input type="checkbox"/> Silkscreen <input type="checkbox"/> Lithograph <input type="checkbox"/> Other:</p>						
<p>How many years have you engaged in woodblock printmaking? __ years <input type="checkbox"/> None</p>						
<p>How many years have you engaged in water-based woodblock printmaking?</p> <p>__ years <input type="checkbox"/> None</p>						
<p>About your water-based woodblock printmaking experience:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 5px;">Where you learned it (course/workshops):</td> </tr> <tr> <td style="padding: 5px;">Name of your teachers:</td> </tr> <tr> <td style="padding: 5px;">Type of woodblock:</td> </tr> <tr> <td style="padding: 5px;">Type of paper:</td> </tr> <tr> <td style="padding: 5px;">Type of carving tools: <input type="checkbox"/> Japanese <input type="checkbox"/> Western <input type="checkbox"/> Others:</td> </tr> <tr> <td style="padding: 5px;">Please list the name of Japanese style carving tools which you possess:</td> </tr> </table>	Where you learned it (course/workshops):	Name of your teachers:	Type of woodblock:	Type of paper:	Type of carving tools: <input type="checkbox"/> Japanese <input type="checkbox"/> Western <input type="checkbox"/> Others:	Please list the name of Japanese style carving tools which you possess:
Where you learned it (course/workshops):						
Name of your teachers:						
Type of woodblock:						
Type of paper:						
Type of carving tools: <input type="checkbox"/> Japanese <input type="checkbox"/> Western <input type="checkbox"/> Others:						
Please list the name of Japanese style carving tools which you possess:						
<p>How often have you used (or are you using) the Japanese or other carving tools?</p> <p><input type="checkbox"/> Never used <input type="checkbox"/> Few times in the past <input type="checkbox"/> Sometimes <input type="checkbox"/> Use them regularly</p>						
<p>Please specify one or more tools you will bring with you to work at the residence:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Japanese style woodblock carving tools <input type="checkbox"/> Baren <input type="checkbox"/> Brushes</p> <p><input type="checkbox"/> Others:</p>						
<p>Your dominant hand for carving tools:</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Left</p>						

(End of the form)