

2027 WHATZ Rising Star AWARD APPLICATION FORM

* Required

NO.

NAME	* 中文		* ENGLISH	
* ID NUMBER			* DATE OF BIRTH	
* PLACE OF BIRTH				
*CORRESPONDENCE ADDRESS				
*CONTACT INFORMATION		* MOBILE:		
		* EMAIL:		
*HIGHEST LEVEL OF EDUCATION		* SCHOOL	☐ CURRENTLY ENROLLED ☐ NOT ENROLLED	
		* DEPARTMENT		
IMPORTANT EXHIBITION EXPERIENCE		(LIST FROM RECENT TO PAST, LIMIT 150 WORDS) 		
IMPORTANT AWARD RECORDS		(LIST FROM RECENT TO PAST, LIMIT 150 WORDS) 		

* EXHIBITED WORK TYPE (PLEASE CHECK ALL THAT APPLY)

☐2D ☐SCULPTURE ☐VIDEO ☐INSTALLATION

※THE REVIEW PROCESS WILL NOT CATEGORIZE ARTWORKS: HOWEVER, FOR ADMINISTRATIVE PURPOSES, PLEASE SELECT THE TYPE OF WORK BEING SUBMITTED.

DECLARATION

I, _____, hereby declare that I am participating in the 2027 WHATZ Rising Star AWARD public selection. I guarantee that I have not signed any exclusive agency contracts with a gallery, that all submitted information is accurate, and that I will comply with the regulations outlined in the guidelines. If I violate any rules or engage in any infringing behavior, the organizing units have the right to disqualify me and recover any related funds or subsidies.

Applicant: _____ (Signature or Stamp)

Group Name: _____ (For group registrations, please fill in)

Date: _____