

Fresh A.I.R. Gallery

To have your artwork considered for an exhibition with Fresh A.I.R. Gallery, please complete the form below. Submissions are reviewed on a rolling basis and we select artists for upcoming exhibition seasons at the end of every calendar year. If you need assistance with your application, please contact us at freshairgallery@gmail.com or 614.744.8110. We look forward to reviewing your work!

Contact Information

First and last name: _____

Mailing address: _____

Phone number: _____

Email address: _____

Preferred pronouns: _____

Website or social media handles: _____

Demographic Information

Please select the option(s) that best describe(s) how you self-identify. Select as many as apply. If you identify differently from the options listed, we encourage you to provide additional information. Your responses to the questions below will help us shape future opportunities for Fresh A.I.R. Gallery artists and ensure we are engaging the diverse voices of the arts community. Any demographic information you supply will be used only for grant reporting and internal informational purposes and will otherwise be kept confidential.

Age

- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 64
- 55 – 64
- 65 or over
- Prefer not to answer

Race/Ethnic Identity

- Asian American/Pacific Islander/Asian
- Black/African American/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-racial/multi-ethnic (two or more races or ethnicities)
- Prefer not to answer

Additional information: _____

Gender Identity

- Male
- Female
- Gender non-binary/genderqueer/gender non-conforming
- Transgender
- Cisgender
- Prefer not to answer

Additional information: _____

Sexual Orientation

- Heterosexual or straight
- Gay, lesbian, bisexual, or any other sexual orientation within the LGBTQ+ community
- Prefer not to answer

Additional information: _____

Disability

- I identify as a person with a disability
- I do not identify as a person with a disability
- Prefer not to answer

Additional information: _____

If you have a mental illness or substance use disorder, please use the numbers 1 – 5 to indicate how severely it has impacted your life over the past year (1 is *not at all disabling* and 5 is *completely disabling*): _____

Artistic Background

Describe your artwork and what inspires you as an artist.

Why are you interested in exhibiting with Fresh A.I.R. Gallery?

How have you been affected by mental illness and/or substance use disorders?

To help us better serve and support you as an artist, we encourage you to share your diagnosis, if applicable. This information will be kept confidential and will only be shared with your permission.

Describe your proposed exhibit. How many artworks will it feature? Are there any specific themes or stories it will address?

Will you need any financial assistance to prepare for this exhibit? If yes, please explain.

How did you learn about Fresh A.I.R. Gallery?

- From a Fresh A.I.R. artist or patron
- Postcard
- News article or feature
- Social media
- Search engine

Other: _____

Artwork

Attach 8 to 10 clear, high-quality prints of the kinds of artworks you would like to display at Fresh A.I.R. Gallery and include the details (title, medium, dimensions) for each piece. Please label your prints to correspond with the titles you list below.

Artwork 01: Title, medium, dimensions

Artwork 02: Title, medium, dimensions

Artwork 03: Title, medium, dimensions

Artwork 04: Title, medium, dimensions

Artwork 05: Title, medium, dimensions

Artwork 06: Title, medium, dimensions

Artwork 07: Title, medium, dimensions

Artwork 08: Title, medium, dimensions

Artwork 09: Title, medium, dimensions

Artwork 10: Title, medium, dimensions

Optional: Artist Statement

If you have an artist statement, please share it here. If you are selected for an exhibition, we are also happy to assist you in writing or editing your statement.

By submitting this application, I affirm that I am the creator of the original artworks attached and that I have been affected by mental illness and/or substance use disorders. I understand that submitting an application does not guarantee my selection for an exhibition with Fresh A.I.R. Gallery, and that if I am selected for an exhibition, I will be asked to sign an agreement outlining the terms of my participation.

Name (printed): _____

Signature: _____

Date: _____

Please print and return completed application to:

Gallery Manager
Fresh A.I.R. Gallery
131 North High Street
Columbus, OH 43215

OR

Email completed application to:

freshairgallery@gmail.com

Thank you for your interest in Fresh A.I.R. Gallery!