



Student Film Program Application Form

Name (first) _____ (last) _____

Age _____ **Grade** _____ **School** _____

Phone _____ **Email** _____

Clubs, Extra Curricular Activities, Elective classes etc: _____

Artistic Interests: _____

Reasons for joining Workshop: _____

What area of filmmaking interests you most? (circle one)

Producer Director Scriptwriting Camera
Sound Editing Marketing/Distribution

Which approach to filmmaking interests you more? (circle one)

Documentary Narrative (actors) Commercials/Music Videos

List some stories/ideas/topics for the film YOU want to make (use back) _____

