

SCHOLARSHIP APPLICATION

A limited number of tuition scholarships are available for students interested in attending the Summer Film Camp.

Applications must be submitted by April 27, 2014 to be considered. *Incomplete applications will not be processed.*

STUDENT INFORMATION

Name: _____ Age: _____

Current School Name: _____

Indicate your 1st and 2nd choice workshop:

___ Claymation Creations: 6/9 – 6/13

___ Claymation Creations: 6/16 – 6/20

___ Claymation Creations: 7/7 – 7/11

___ Claymation Creations: 7/14 – 7/18

___ Extreme Claymation Creations: 6/23 – 6/27

___ Filmmaking 101: 6/16 – 6/20

___ Filmmaking 101: 7/7 – 7/11

___ Filmmaking 101: 7/14 – 7/18

___ Advanced Filmmaking 101: 7/21 – 7/25

___ Script to Screen : 6/9 – 6/20

___ Script to Screen : 7/7 – 7/18

___ Advanced Script to Screen : 7/28 – 8/1

Ethnicity:

This information is used solely for statistical purposes in preparing applications for the grants programs that help underwrite the Summer Film Camp.

☐ African American

☐ Native American

☐ Asian/Pacific American

☐ Latino/Hispanic/Chicano American

☐ European American

☐ Bi/Multi-Racial

☐ Other Specified Ethnic Group: _____

Attach a separate sheet, if necessary, but responses to all ~~three~~ of the below should not exceed one page:

1) Honors, Scholarships and Awards: _____

2) Film Education/ Prior Film Experience: _____

3) Other camps previously attended (film or non-film): _____

4) Other extracurricular interests: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

What is your relationship to the student? _____

Address: _____

City, State: _____ Zip Code: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

What was your approximate household income in 2010? _____

Number of children in your family? _____

How did you learn about this scholarship program? _____

STUDENTS, the following must also accompany this application:

- ☐ A personal essay (not to exceed one 8.5 x 11 page, double-spaced) explaining the following:
 - How receipt of this scholarship will help you meet personal and/or educational goals.
 - What you hope to learn at the Summer Film Camp.
 - How this will fit into your short and/or long-term goals.
 - Anything else you would like us to know related to attending this camp.
- ☐ A letter from your parent(s)/legal guardian(s) explaining his/her/their financial situation and need for this scholarship.
- ☐ Two letters of recommendation from non-family members (include contact information for references).
- ☐ An official transcript or report card from your current school.

Deadline for consideration: April 27, 2014
****Incomplete applications will NOT be processed. ****

SUBMITTING YOUR COMPLETE APPLICATION

Mail or fax COMPLETED applications to:

Austin Film Festival - Summer Film Camp
1801 Salina Street
Austin, TX 78702

Fax: 512-478-6205

FOR MORE INFORMATION

~~Hatley Moore~~
~~Director of Youth Film Program~~
512-478-4795
~~hatley@austinfilmfestival.com~~
www.austinfilmfestival.com/new/summer_camp