



APA Film Youth Workshop 2008  
***Application Form***  
**Deadline is Monday, June 16, 2008**

Please e-mail completed application to: [jenny@apafilm.org](mailto:jenny@apafilm.org)

-- OR --

Fax completed application to: (831) 299-6544

-- OR --

Mail completed application to: 2008 POV Workshop

c/o Jenny Kim

P.O. Box 58205

Washington, DC 20037

*(Applications must be postmarked by June 16)*

The 2008 POV workshop empowers and gives a voice to Asian Pacific American (APA) youth by teaching them the art of moviemaking. The **free** workshop is a series of 6 seminars during which participants will learn to create a short film from conception to completion.

Students will get hands-on experience in learning the theory and techniques of movie-making (storyboarding, shooting, editing, etc.) and work as a team to apply those skills to create a short film.

All equipment will be provided. Students only need to bring their imaginations!

**Attendance is very important!**

Those selected must commit to attending all 6 Saturday morning sessions (from 9am to 1:30pm) starting July 12 and ending August 16.

**Participants of the POV workshop will receive:**

1. A chance to premiere their team's final short film at the 9th Annual DC Asian Pacific American Film Festival (Sept 25 to October 4, 2008)
2. Free tickets (up to 2) as special guests to attend the screening of their film at the festival

**Requirements**

1. Applicants to the workshop must be between 16 to 19 years of age.
2. Must be able to attend all Saturday workshops starting July 12, ending August 16 for a total of 6 workshops.
3. Applicants do not need to have any experience with filmmaking, only a desire to learn about filmmaking.
4. Transportation will not be provided; however, the workshop will be held in a metro accessible area.
5. Application form must be postmarked by June 16, 2008



9<sup>th</sup> Annual DC Asian Pacific American Film Festival  
September 25 to October 4, 2008

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PO Box 58205 Washington, DC 20037

[www.apafilm.org](http://www.apafilm.org)

**Please mail, fax, or e-mail your application to:**

2008 P.O.V. Workshop  
c/o Jenny Kim  
P.O. Box 58205  
Washington, DC 20037

e-mail: [jenny@apafilm.org](mailto:jenny@apafilm.org)  
w: 202-330-5496 fax: 831-299-6544

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**Applicant Information**

Applicant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Parent/Legal Guardian of the applicant (legal representative)**

Family name (Mr/Ms): \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, address is the same as applicant (skip following address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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1. The workshop takes place every Saturday starting July 12 until August 16, will you be able to make all sessions?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Please list any major commitments or events that might conflict with the program dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did you learn about the Program?

\_\_\_\_\_

4. Are you interested in learning about (check all that apply):

- Directing     Producing     Writing     Cinematography     Sound Design

5. Briefly explain why you are interested in this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please submit a (no more than) 200-word essay on **one** of the following two topics (A) or (B), **OR** submit a sample of an original work with a one paragraph (minimum) explanation or summary.

A. Describe an idea for a narrative short film.

B. Describe an experience in your life that had a profound impact on you. Discuss the experience and how it has affected your goals for the future. How would you be different if you had not had this experience?

-OR-

C. Submit a copy of an original work (ie screenplay, still photography, short story, film/video, music composition) along with one paragraph explanation. Please include only copies of original works. POV will not return any submitted materials.

7. How old are you? \_\_\_\_\_

8. Year in School: \_\_\_\_\_

9. High School Name: \_\_\_\_\_

High School City: \_\_\_\_\_

If you are a college student, what is the name of your college/university? \_\_\_\_\_



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10. What is your ethnicity/cultural identity (Check all that apply)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Bangladeshi  | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Nepalese              |
| <input type="checkbox"/> Bhutanese  | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Pacific Islander      |
| <input type="checkbox"/> Biracial/Multiracial/Hapa<br>(Indicate in "Other") | <input type="checkbox"/> Indian     | <input type="checkbox"/> (Indicate in "other") |
| <input type="checkbox"/> Burmese  | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Pakistani             |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Korean     | <input type="checkbox"/> Sri Lankan            |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Thai                  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Malaysian  | <input type="checkbox"/> Tibetan               |
|   |                                     | <input type="checkbox"/> Vietnamese            |

Other: \_\_\_\_\_

11. What is your Gender?

- Female  Male

*I, the undersigned, certify that all information contained in this application is certified truthful and accurate and that no relevant information has been withheld.*

*By signing this application the applicant allows the Asian Pacific American Film, Inc. to make available and to use all data provided in this form, for the purposes of managing the POV workshop. The data, on paper or electronically, will always be used respecting the privacy of individual persons.*

*The applicant undertakes to inform the Asian Pacific American Film, Inc. of all changes affecting the activities as described in this form.*

**Contact person**

Name in capital letters :

Date :

Signature :

**Legal representative**

Name in capital letters :

Date :

Signature :