



APA Film Youth Workshop 2007
Application Form
Deadline is Friday, June 29, 2007

Please e-mail completed application to: vince@apafilm.org OR

Fax completed application to: 831-299-6544 OR

Mail completed application to: Vincent Huang, c/o 2007 POV Workshop, P.O. Box 58205, Washington, DC 20037 (*Applications must be postmarked by June 29*)

The 2007 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 14 and ending August 18.

Participants of the POV workshop will receive:

1. A premiere screening of the team's final short film on opening night of the 8th Annual Asian Pacific American Film Festival (Sept 28 to October 8)
2. Free tickets (up to 4) as special guests to attend the opening night of the festival
3. Students will receive a stipend for completing the program.

Requirements

1. Applicants to the workshop must be between 16 to 19 years of age.
2. Applicants must be Asian or Asian Pacific Americans.
3. Must be able to attend all Saturday workshops starting July 14, ending August 18 for a total of 6 workshops.
4. Applicants do not need to have any experience with filmmaking, only a desire to learn about filmmaking.
5. Transportation will not be provided, the workshop will be held in a metro accessible area.
6. Application form must be postmarked by June 29, 2007

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

Vincent Huang
P.O. Box 58205
Washington, DC 20037

e-mail: vince@apafilm.org

w: 202-330-5496 fax: 831-299-6544

Deadline is postmarked by June 29, 2007



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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 14 until August 18, 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 write a (no more than) 200 word essay on **one** of the following two topics:

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?

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
(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 :