



Student Film Workshop
Teacher Application Form

Name (first) _____ (last) _____

Age _____ **School** _____ **Major** _____

Phone _____ **Email** _____

Job/Career, Clubs, Extra Curricular Activities, etc: _____

Artistic Interests: _____

Reasons for joining Workshop: _____

What area of filmmaking would you prefer to teach? (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

What is your background in film/tv/video production?

What kind of equipment have you worked with before?

Do you own any equipment? If so, please list:

How many sessions would you like to teach?

What is your availability for the October-December sessions?

What would you like to learn more about during the course of the workshop?

List some of your favorite films/directors/genres etc:
