



Project Twenty1 Film Mentorship Program Application

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: _____ Email: _____

Thank you for your interest in Project Twenty1's Film Mentorship Program! At Project Twenty1, our mission is to help turn artists' passions into careers. Every year, we mentor a few select students with this goal in mind. Please fill out the below and email it to us (projecttwenty1@gmail.com) we will be in touch via phone or email.

Please check any/all of the following that interest you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Concept/Idea Generation | <input type="checkbox"/> Writing | <input type="checkbox"/> Directing |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Special/Practical Effects | <input type="checkbox"/> Visual Effects/CGI/Motion Graphics |
| <input type="checkbox"/> Budgeting/Scheduling | <input type="checkbox"/> Audio | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Music Composition | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Choreography | <input type="checkbox"/> Budgeting/Scheduling/Logistics |
| <input type="checkbox"/> Casting/Crewing | <input type="checkbox"/> Other (write all that apply) _____ | |

What do you hope to learn or gain from a Project Twenty1 Mentorship Program?

How did you hear about Project Twenty1's Mentorship Program?

What is your current level of education?

- | | | |
|---|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Current high school student | <input type="checkbox"/> High school grad |
| <input type="checkbox"/> College student | <input type="checkbox"/> College grad | <input type="checkbox"/> Other _____ |

What would your availability for this program be on a normal week? (list hours ex 3-7p)

Mon _____ Tues _____ Wed _____ Thu. _____ Fri _____ Sat _____ Sun _____

My available hours vary from week to week. Y / N

Do you have access to a car or can you get to Main St. & DeKalb St, Norristown, PA? Y / N

Are you interested in occasional film shoots taking place on weekends or outside of standard hours? Y / N

Applicant signature: _____ Date _____

If applicant is under 18 years of age, signature of parent/guardian:

Parent/guardian Name _____ Signature _____ Date _____