



## Teen Producers Project Scholarship Application Speak City Heights “Youth Voices” Summer 2019

**INSTRUCTIONS:** Please send completed applications to Natalia Valerdi-Rogers at [natalia@mediaartscenter.org](mailto:natalia@mediaartscenter.org) or drop off in person at 2921 El Cajon Boulevard, San Diego CA 92104 on or before June 15, 2019.

Current Date:	Student's Full Name:
Pronouns:	Street Address:
Phone:	City/State/Zip:
Birth date:	Student Email:
Grade:	School:

Relation:	Parent/Guardian's Full Name:
Phone:	Parent Email:
Alternate Contact Name & Number:	

**PARENT:**

I understand that my child is applying to a Saturday media training program with the Media Arts Center San Diego. Here is how I will support my child so that they complete the program:

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT:** Please answer all of the below questions. Feel free to use the back of the page or additional sheets for your answers if needed.

1. Why are you interested in participating in the Teen Producers Project? What excites you the most about participating?

2. Why are you the best candidate to receive a scholarship for this program?



3. What computer or video experience do you have? (Please list the programs you know how to use and tell us what you use them for.)

4. Can you describe something about who you are: Your background (family history and culture). Things you enjoy doing (interests and hobbies). **What's important to you (issues, people, places)?**

5. Do you think you might have any challenges in being able to participate in the program? If so, what are they? (Examples: getting home late from school, sports practice on the same day, etc.).

6. How will you be getting to the Digital Gym Cinema or other locations for classes? Do you need support with transportation (bus pass)?

7. Would you like to see your film in a movie theater?

For staff use only:

Recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Interviewed: Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: