



CAROLYN'S FIRST DECADE FUND APPLICATION

Please complete all parts of this application. Answer the short essay questions on a separate page. **Do NOT include your name or any other identifying information on the essay sheet (page 2).** Submissions will be evaluated anonymously. Send the completed form and your essay to: WIFV, 4000 Albemarle Street NW, Suite 305, Washington, DC 20016, ATTN: Carolyn's First Decade Fund. Applications must be postmarked no later than the due date listed online. It may also be emailed to director@wifv.org. Faxed or incomplete applications will not be considered.

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED TELEPHONE (_____) _____ EMAIL _____

Please provide two (2) professional references that are familiar with you in work situations

REFERENCE #1

NAME _____ TITLE _____

BUSINESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (DAY) _____ TELEPHONE (EVENING) _____

EMAIL _____ RELATIONSHIP TO YOU _____

REFERENCE #2

NAME _____ TITLE _____

BUSINESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (DAY) _____ TELEPHONE (EVENING) _____

EMAIL _____ RELATIONSHIP TO YOU _____

Please read the following statement, then sign and date your application

I certify that the facts set forth in all parts of this application true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information may be sufficient grounds for disqualification. WIFV shall not be liable for disqualification based on falsification. I understand that my selection as grant recipient is conditional upon my availability to complete a course of my choice in some aspect of film or video at a credible institution by November 30 of the award year, and my ability to cover any and all costs above and beyond the scholarship amount.

SIGNATURE _____ DATE _____



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SHORT ESSAY QUESTIONS

Please include a current resume as a separate page. Your name will not be available to the grant committee.

NUMBER OF YEARS AS FILM/VIDEO PROFESSIONAL_____

NUMBER OF YEARS OUT OF SCHOOL_____

Please answer all questions and limit each response to no more than 175 words.

1. What most inspires and influences you in your work as a film/video professional?

2. Describe a recent project that you worked on – what was your role, the challenges you encountered, solutions found, your sense of satisfaction or achievement with your work on it and what you learned from the experience.

3. Where do you see yourself in 5 years, and what are your long-term career goals?

4. What kind of professional advancement or development do you want and/or need at this point in your career to make your goals reality (mentoring, networking, specific classes or workshops, etc.)? How do you see using a grant from this fund to help you attain that professional advancement, including acquiring new skills or reinforcing current skills?