

MAY HAVE (1 PARAGRAPH/EA) & ATTACH

<u>Applicant Contact Information</u> :				
Name:			CD:-41- A	
Last	FIISt	Date 0.	f Birth A	ge
Street address		City	State	Zip
Home Phone:	Cell Phone:			
Parent/Guardian Contact Name:		SS#:		
If under 18, please have a parent/g I, (parent	signature) give my son/daug	ghter permission to a	pply for this in	nternship program and
to participate if accepted. Date:	· · · · · · · · · · · · · · · · · · ·			
Education	Comment Co	d	1 1-4-	
School/College Attending:				
Counselor/Teacher/Contact @ School	01			
How did you learn about CYMC?			one# 	
Transcript Information				
# of Credits Completed : a	s of (date) please pro	ovide copy of transcr	ipt and/or eva	luation
Skills & Experience Please check those that apply:				
I interact with computers:ofter	sometimes	never		
I have access to a computer:at h	omeschoolwork;	and active email:		
I know how to:				
use the internete-1	nailword-processing	(like Word, writing	papers, etc)	
design web pageuse	AdobePhotoshop/other illu	stration software	other (expl	ain):
use editing software(iMovie,	-		_	
Personal Interests	,			
Interests/What you like to do				
Program Goals/What you want to lea				
Long-Term Career/Ed. Goals:				
-				
WRITE ABOUT 2 PEOPLE YOU	FIND INTERESTING IN	YOUR COMMUN	ITY FOR A	SHORT FILM YOU

Please return this application to Jose-Luis Mejia or Leah Weitz at CYMC Conscious Youth Media Crew, 1230 Howard St., San Francisco, California 94103 <a href="https://www.cymc415.org">www.cymc415.org</a> info@cymc415.com CYMC (415) 621-5353 studio Jose-Luis cell (415) 678-8856