APPLICATION

OVERVIEW:

The purpose of this class is to use TV and film to educate youth about social justice issues and how to use their voices to make an impact. 15-20 students will be selected for this class where they will have the opportunity to explore social justice issues and how they are portrayed in TV and film. Then, they will learn how to write scripts, learn the basics of film production, and share their creative perspective and advocate for change through their own film or TV show that they will produce.

QUALIFICATIONS:

1. Must have graduated 8th grade
2. Must be ages 13-18
3. Personal statement answering the following questions (can be video, audio or written):
   a. Why do you want to be involved in the Justice Cinema class?
   b. Describe a social justice issue that you care about. Why should this issue be addressed? What could you do to contribute to the solution?
   c. What do you wish to gain from participating in the Justice Cinema class?
4. Name and contact information for one reference.

DEADLINE: Friday, June 15, 2018

Applications are reviewed on a rolling basis through the application deadline. You will be notified on your admission decision via email by the end of June.

PROGRAM COMPONENTS

- The Summer Film Class will take place Monday through Thursday from 9AM - 4PM, July 16, 2018 - August 2, 2018.
- Attendance is mandatory each week unless exceptions are communicated with instructors.
- Breakfast and lunch will be provided.
- Students must participate in all planned activities.
- Students must present a final project at the Film Showcase on August 2, 2018.
APPLICATION INSTRUCTIONS

Applications may be dropped off at the Arcus Center for Social Justice Leadership at Kalamazoo College or emailed to the Center at Arcus.Center@kzoo.edu by 5PM on Friday, June 15, 2018.

Mailing Address:
Justice Cinema
Arcus Center for Social Justice Leadership
Kalamazoo College
205 Monroe Street
Kalamazoo, MI 49006

Questions? Email Arcus.Center@kzoo.edu

APPLICATION COVER PAGE

NAME: ___________________________ DATE: ___________________________

PRONOUNS: _______________________________________________________

SCHOOL NAME: ___________________________________________________

ADDRESS: _______________________________________________________
   Street Address
   Apartment/Unit #
   City              State                Zip Code

PRIMARY PHONE: ___________ SECONDARY PHONE: ___________

EMAIL: ____________________________

AGE: ___________ GRADE: ___________ DATE OF BIRTH: ____________

RACE/ETHNIC GROUP: ___________________________ GENDER: ____________

LANGUAGE(S) SPOKEN: ___________________________________________

SEXUAL ORIENTATION: ___________________________________________
DO WE HAVE YOUR CONSENT FOR PHOTOGRAPHS? YES _____  NO _____

HOW DID YOU HEAR ABOUT THE SUMMER FILM CLASS?
________________________________________________________________________________
________________________________________________________________________________

DIETARY RESTRICTIONS: ____________________________________________________________
________________________________________________________________________________

APPLICANT SIGNATURE: __________________________________ DATE: _________________

PARENT/GUARDIAN NAME (PRINT): _________________________________________________

PARENT/GUARDIAN SIGNATURE: ________________________________________________

BEST WAY TO CONTACT PARENT/GUARDIAN: _______________________________