

THE MAKE A FILM FOUNDATION

Participant Application

Name:

Age:

Phone Number:

Email:

Terminal/Critical Diagnosis and/or illness:

1. What about filmmaking interests you- explain?
(Writing/Directing/Acting/Producing)

2. What about Make A Film Foundation interests you?

3. If you could make a film about anything what would it be? What story would you want to tell?

4. How did you find out about the program?

***Note:** If you are under 18 years of age your parents must send a note granting you permission to be a part of this program.

All correspondence can be sent to:

Tamika Lamison, Co Founder
The Make A Film Foundation
231 ½ South New Hampshire Ave.
Los Angeles, CA 90004
info@makeafilmfoundation.org

Signature-

Date--