



## Film

**DEADLINE: February 29, 2008**  
**California State Summer School for the Arts 2008 Program**

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK ONLY. You may photocopy additional forms.

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### 1. SUBJECT AREA

(Check only ONE of a-g) (If you wish to apply in more than ONE subject area, you must complete a separate application for each area, and submit an application fee for each area. Please use this form to identify one subject area only.)

- a. Animation
- b. Theater
- c. Creative Writing
- d. Film/Video
- e. Dance
- f. Music: (Check only one)
  - Vocal
  - Composition
  - Instrumental ( ) Primary Instrument: \_\_\_\_\_
  - Secondary Instrument: \_\_\_\_\_
- g. Visual Arts:

You must identify first and second choices. Please give careful consideration to the categories. If you are accepted, your schedule of classes and assignment of major studies will be based on these choices:

#### FIRST CHOICE:

- Sculpture
- Painting
- Ceramics
- Photography\*
- Printmaking
- Digital Art\*

#### SECOND CHOICE:

- Sculpture
- Painting
- Ceramics
- Photography
- Printmaking
- Digital Art\*

\* NOTE: the number of spaces for Digital Art and Photography majors are limited.

### 2. STUDENT INFORMATION

#### a. Student Name

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

b. Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Email address: \_\_\_\_\_

California County: \_\_\_\_\_

d. Date of Birth (use numbers): \_\_\_\_/\_\_\_\_/\_\_\_\_

e. Age: \_\_\_\_\_

f. Gender: ( ) male ( ) female

g. Grade Level to be completed as of June 2008: \_\_\_\_\_

h. Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

i. Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### 3. PARENT/GUARDIAN INFORMATION

a. Parent/Guardian Name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

b. Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

c. Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

d. Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

e. Email address: \_\_\_\_\_

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### 4. SCHOOL INFORMATION

a. Current School: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

b. School Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

California County: \_\_\_\_\_

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### 5. ATTENDANCE VERIFICATION

(Use separate Attendance Verification form)

To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form.

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## 6. RECOMMENDATION INFORMATION

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be school teachers, private instructors, or arts professionals in your chosen subject area. If no forms are available, recommendations may be submitted on school stationery but MUST be enclosed with this application.

### FIRST RECOMMENDATION:

a. Name: \_\_\_\_\_

b. Position: \_\_\_\_\_

c. School (if applicable): \_\_\_\_\_

#### d. Address

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### SECOND RECOMMENDATION:

a. Name: \_\_\_\_\_

b. Position: \_\_\_\_\_

c. School (if applicable): \_\_\_\_\_

#### d. Address

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## 7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts (InnerSpark)?

- |  |   |
|--|---|
| <input type="checkbox"/> a. Friend                 | <input type="checkbox"/> b. Internet                |
| <input type="checkbox"/> c. Poster                 | <input type="checkbox"/> d. Teacher                 |
| <input type="checkbox"/> e. School Administration  | <input type="checkbox"/> f. Local Arts Organization |
| <input type="checkbox"/> g. Other (Specify): _____ |   |

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## 8. CALIFORNIA RESIDENTS ONLY:

WHO ARE YOUR LEGISLATIVE REPRESENTATIVES?

State Senator: \_\_\_\_\_

State Assembly Member: \_\_\_\_\_

(To determine your legislative representatives, go on the internet to <<http://www.leginfo.ca.gov/yourleg.html>>.)

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**9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?**

( ) a. Physical:

- ( ) Legally blind/visually impaired
- ( ) Mobility impairment (including orthopedic)
- ( ) Other impairment (please specify):

\_\_\_\_\_

( ) b. Communication:

- ( ) Speech impairment
- ( ) Hearing impairment
- ( ) Learning disability

Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. ETHNIC INFORMATION** This question is optional. The California State Summer School for the Arts is committed to enrolling a student body which is culturally diverse, as well as artistically talented. Answers are compiled and used for statistical purposes only. Your answer will not determine your qualification or selection for the school.

Check one:

- ( ) American Indian or Alaskan Native
- ( ) Filipino
- ( ) White (non-Hispanic)
- ( ) Asian
- ( ) Other \_\_\_\_\_
- ( ) Hispanic
- ( ) Multi-Racial
- ( ) Pacific Islander
- ( ) African American (non-Hispanic)

**11. EDUCATIONAL INFORMATION**

a. How many years have you studied your primary art form:

(1) In your school: \_\_\_\_\_

(2) Private study: \_\_\_\_\_

b. Do you have educational plans beyond high school?

If yes please describe:

\_\_\_\_\_

c. If you attended previously, please circle the year(s) and indicate department(s):

- (        ) 2004
- (        ) 2005
- (        ) 2006
- (        ) 2007

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## 12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee by February 29, 2008 to the Department\* you are applying to at:

California State Summer School for the Arts (InnerSpark)  
ATTENTION: Department \_\_\_\_\_  
P.O. Box 1077  
Sacramento, CA 95812-1077

Information Hotline: (916) 274-5815  
FAX: (916) 274-5814  
EMAIL: <application@innerspark.us>

\* You MUST write the Department you are applying to on the outside of the envelope.

A non-refundable \$20 APPLICATION FEE in the form of (check method of payment) is required:

CHECK or MONEY ORDER made payable to "CSSSA" -- NO CASH

VISA             MasterCard

Card # \_\_\_\_\_ Expires Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Three to seven digit number found in signature box on back of card \_\_\_\_\_

# RECOMMENDATION FORM

DEADLINE: February 29, 2008

California State Summer School for the Arts (InnerSpark) 2008 Program

To the Student:

YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!

Two separate Adults need to fill out a recommendation form for you. Please make sure that this form and all other parts of the application are submitted in the same envelope by February 29, 2008. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

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**1. STUDENT INFORMATION** Students please fill in the top portion of this form before sending it to the individual who will be recommending you.

a. Student Name:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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**2. RECOMMENDING ADULT:** (Teacher, private instructor or other recommending adult)

a. Name of recommending individual:

\_\_\_\_\_

b. Recommender's Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Recommender's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

d. Subject Taught: \_\_\_\_\_

e. How many years have you known this student and in what capacity:

f. Indicate below your evaluation of the applicant:

1. Interest in chosen area:

Below Average       Average       Above Average       Superior

2. Ability in chosen area:

Below Average       Average       Above Average       Superior

3. Character:

Below Average       Average       Above Average       Superior

4. Cooperation:

Below Average       Average       Above Average       Superior

5. Leadership:

Below Average       Average       Above Average       Superior

6. Emotional Maturity:  
 Below Average       Average       Above Average  
 Superior
7. Personal Initiative:  
 Below Average       Average       Above Average  
 Superior

g. Additional comments:

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h. Signature:

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i. Date: \_\_\_\_\_

### **3. PROVIDE COMPLETED FORM TO STUDENT**

(May be sealed for confidentiality).

California State Summer School for the Arts (InnerSpark)  
Information Hotline: (916) 274-5815  
FAX: (916) 274-5814

## FINANCIAL AID REQUEST

Financial aid is restricted to CALIFORNIA RESIDENTS. It is not awarded to students attending for a second summer regardless of department.

### **DEADLINE: February 29, 2008**

California State Summer School for the Arts 2008 Program

This form must be submitted with the application if you wish to be considered for financial aid. Your chances of acceptance will not be affected by your financial aid application. You **MUST** submit a copy of parent/guardian's 2006 or 2007 (whichever is most recently filed) 1040, 1040A, or 1040EZ tax forms and supplements with this request. **DO NOT FILL OUT THIS FORM OR SUBMIT INCOME TAX RETURNS IF YOU ARE NOT APPLYING FOR FINANCIAL AID.**

THIS APPLICATION MUST BE TYPED OR COMPLETED IN BLUE OR BLACK INK. No pencils.

Student Name: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent/Guardian Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Parent's current marital status (please check one)

Married. (Report income information for both parents, including step-parent).

Widow/Widower. (Report income information of surviving parent.)

Separated/Divorced.

(Report income information on parent you lived with during the last twelve months.)

2. State of LEGAL RESIDENCE of parent(s): \_\_\_\_\_

3. Total size of HOUSEHOLD during 2006-2007 school year including parents, all dependent children, and other dependents who live with your parents:

4. Parents' ADJUSTED GROSS INCOME:

a. Amount earned by father: \_\_\_\_\_

b. Amount earned by mother: \_\_\_\_\_

5. Total U.S. INCOME TAX PAID:

\_\_\_\_\_

6. SOCIAL SECURITY BENEFITS that the entire family received. Omit educational benefits. (Do not report money included in No. 4 above.)

\_\_\_\_\_

7. AFDC welfare benefits received by parents. Report total annual amount, not monthly amounts. (Do not report money included in No. 4 above.)

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8. NON-TAXABLE INCOME. Include untaxed unemployment compensation, interest and dividend exclusion, military, or clergy housing allowances, the untaxed portion of capital gains, income from untaxed municipal bonds, child support, non-taxable retirement pay-outs, and non-educational veteran's benefits. (Do not report money included in No. 4 above.)

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9. UNREIMBURSED MEDICAL COSTS. Report medical expenses for the family which were not reimbursed. Use the same rules for calculation that the IRS allows, but exclude insurance premiums.

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10. STUDENT'S INCOME. Enter amount earned.

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11. STUDENT'S NON-TAXABLE INCOME. Enter total amount of untaxed income. (Use same definitions as in No. 8.)

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12. STUDENT'S SAVINGS. Enter total of checking and savings accounts.

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13. PARENT'S CASH SAVINGS. Enter total amount of savings and checking accounts.

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14. HOME VALUE. Enter the current market value of your home, condominium, or mobile home.

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15. MORTGAGE DEBT. Enter the amount of principal still owed.

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16. REAL ESTATE AND INVESTMENTS. Enter market value of other real estate, investments, stocks, bonds, certificates of deposit, precious metals, etc.

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17. INVESTMENT DEBT. Enter amount owed on investments in No. 16.

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18. BUSINESS OR FARM. Enter the market value of your business or farm. Include inventory.

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19. BUSINESS/FARM DEBT. Enter the amount of debt owed on business or farm. Exclude non-family partner's share of debt.

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20. Total number of family members who are full-time college students.

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21. Mail\* this form along with your application and materials by February 29, 2008 to:

California State Summer School for the Arts (InnerSpark)  
Attention: Department \_\_\_\_\_  
P.O. Box 1077  
Sacramento, CA 95812-1077

Information Hotline: (916) 274-5815  
FAX: (916) 274-5814  
EMAIL: <application@innerspark.us>

\* You **MUST** write the Department you are applying to on the outside of the envelope, (e.g., Visual Arts, Theatre, etc.).

**ATTENDANCE VERIFICATION FORM**  
**POSTMARK DEADLINE: February 29, 2008**  
**California State Summer School for the Arts 2008 Program**

To the Student:

**YOU NEED TO PRINT AND SUBMIT THIS FORM!**

A teacher or counselor from your high school must fill out this form for you. Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by California State Summer School for the Arts (InnerSpark).

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**ATTENDANCE VERIFICATION**

To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that \_\_\_\_\_ (student) submitting this application is a  
bona fide student at: \_\_\_\_\_ school.

Teacher/Counselor Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Mail\* this form along with your application and materials by  
February 29, 2008 to:

California State Summer School for the Arts (InnerSpark)  
Attention: Department \_\_\_\_\_  
P.O. Box 1077  
Sacramento, CA 95812-1077

Application and Financial Aid Information: (916) 274-5815  
FAX: (916) 274-5814

\* You MUST write the Department you are applying to on the outside of the envelope.

## FILM APPLICATION

Applicants to the Film and Video Program must submit completed application and Teacher recommendation forms and ALL OF THE FOLLOWING REQUIRED ASSIGNMENTS:

- Describe your ambitions in filmmaking, in no more than 150 words. You might discuss what sort of job you want; the personal qualities you believe are needed to be a successful filmmaker and why you think you are particularly qualified.
- Describe your favorite film, in 150 words or less. Talk about the story line, the structure, the theme, and the directorial style. Evaluate the photography, soundtrack, editing, acting and casting choices. Avoid discussing your personal likes and dislikes. Instead, describe the work's content, its effectiveness, and how that was achieved.
- The InnerSpark Film and Video program requires each student to complete 8 difficult projects in only 4 weeks. Give us, in 150 words or less, an example of something you have done before in school or in your life that required you to work very hard, and tell us how you did on that task or group of tasks.
- Submit only one film or video piece that you have created, with a maximum running time of ten minutes. Group projects are strongly discouraged! The screening committee will be equipped to view ONLY Mini-DV CASSETTES, VHS CASSETTES and full-sized DVDs. Application assignments submitted in mini-DV, VHS-c or any other media format other than the three specified WILL NOT BE REVIEWED. You must include the following items with your film or video:
  - A summary of your project -- two sentences maximum.
  - A short statement that describes your work. What was your intent?
  - What was your project's budget, what equipment did you use, and what resources were at your disposal?
  
  - A description of your role in the project, (e.g., writer, director, camera operator, editor)

### REQUIRED INFORMATION ON ALL TAPES AND DVDS:

Your work will NOT be reviewed unless it is clearly labeled with (1) your name, (2) the title and running time, and (3) what you did on the piece; e.g., writer, camera operator, editor, or director. PLEASE REVIEW AND CUE ALL VHS AND MINI-DV TAPES.

### RETURNING STUDENTS ONLY:

Previous attendees must submit original work completed after the summer session, which reflects your growth as a film or video artist. In addition you must submit a brief statement of your specific learning objectives and reasons for wanting to return to the school. If you previously attended InnerSpark in an artistic discipline other than Film & Video, you must submit a recommendation from an InnerSpark instructor in that department.

### ALTERNATIVE ASSIGNMENT D:

If you cannot, or do not want to submit a film or video, you may instead submit a storyboard with text and visual instructions, based on a news story that we will send you. Call the office at (916) 274-5815, email [application@innerspark.us](mailto:application@innerspark.us), or retrieve the story and instructions from: [http://www.innerspark.us/D\\_Film4.html](http://www.innerspark.us/D_Film4.html).

### PLEASE NOTE:

Send us your video with your name clearly printed on both the container and the video. If you want it returned, you must include a self-addressed, stamped shipping envelope or box with the application. We do NOT assume responsibility for the loss or damage of submissions. DO NOT SEND MASTER COPIES OF YOUR VIDEO. Send your application assignments and forms to: Attn.: Film/Video Department, California State Summer School for the Arts (InnerSpark), P.O. Box 1077, Sacramento, CA 95812-1077