



## InnerSpark Film/Video Application—2009

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

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

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

f. Gender: ( ) male ( ) female

g. Grade Level to be completed as of June 2009: \_\_\_\_\_

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

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

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### 3. PARENT/GUARDIAN INFORMATION

a. Parent/Guardian 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: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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 schoolteachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

#### FIRST RECOMMENDATION:

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

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

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

d. Street Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

#### SECOND RECOMMENDATION:

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

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

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

d. Address

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

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

a. Friend  b. Internet  c. Poster  d. Teacher  e. School Administration

f. Local Arts Organization  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>.

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 that 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 ( ) Hispanic
( ) Filipino ( ) Multi-Racial
( ) White (non-Hispanic) ( ) Pacific Islander
( ) Asian ( ) African American (non-Hispanic)
( ) Other \_\_\_\_\_

\_\_\_\_\_

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### 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):

( ) 2005 ( ) 2006 ( ) 2007 ( ) 2008 Department(s): \_\_\_\_\_

### 12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee by February 28, 2009 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

- 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: \_\_\_\_\_

**Information Hotline: (916) 274-5815;**

**FAX: (916) 274-5814;**

**EMAIL: <application@innerspark.us>**

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California State Summer School for the Arts (InnerSpark) 2009 Program  
**RECOMMENDATION FORM**  
**DEADLINE: February 28, 2009**

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 28, 2009. 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.

**1. STUDENT INFORMATION**

Students please fill in the student information portion of this form before sending it to the individual who will be recommending you.

a. Student First Name: \_\_\_\_\_

b. Last Name: \_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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

## InnerSpark Film/Video Application—2009

### California State Summer School for the Arts 2009 Program 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 28, 2009**

- This form **must be submitted with the application** if you wish to be considered for financial aid. Your chances of acceptance to InnerSpark will not be affected by your financial aid application.
- You **MUST** submit a copy of parent/guardian's 2007 or 2008 (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 PEN, not pencil.

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): \_\_\_\_\_

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3. Total size of HOUSEHOLD during 2007-2008 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.)

\_\_\_\_\_

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.)

\_\_\_\_\_

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.

\_\_\_\_\_

10. STUDENT'S INCOME. Enter amount earned:

\_\_\_\_\_

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

\_\_\_\_\_

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.

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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Mail this form along with your application and materials by February 28, 2009 to:

**California State Summer School for the Arts (InnerSpark)**

**Attention: Department \_\_\_\_\_**

**P.O. Box 1077**

**Sacramento, CA 95812-1077**

Application and Financial Aid Info: (916) 274-5815

FAX: (916) 274-5814

EMAIL: [application@innerspark.us](mailto:application@innerspark.us)

**InnerSpark Film/Video Application—2009**

**California State Summer School for the Arts 2009 Program  
ATTENDANCE VERIFICATION FORM**

**POSTMARK DEADLINE: February 28, 2009, with completed application**

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript!

- 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).

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: \_\_\_\_\_

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

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

Application and Financial Aid Information: (916) 274-5815 FAX: (916) 274-5814; email application@innerspark.us

## InnerSpark Film/Video Application—2009

Applicants to the Film and Video Program must submit completed application and Teacher recommendation forms and **THE REQUIRED ASSIGNMENTS, A through C, and either Assignment D or Alternative Assignment E:**

- A. Describe your ambitions in filmmaking, in no more than 150 words. Discuss the personal qualities you believe are needed to be a successful artist, and why you think you are particularly qualified to be a member of a community of filmmakers.
- B. Describe your favorite film, in 150 words or less. Discuss the theme, structure, and directorial authorship. Evaluate the cinematography, soundtrack, editing, acting, and casting choices. Avoid discussing your personal likes and dislikes. Instead, describe the work's content, its effectiveness, and how it was achieved.
- C. 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.
- D. 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 TAPECASSETTES and full-sized DVDs.**

[Note: Mini-DV tape cassettes are not the same media format as Mini-DVD; Mini-DVD's will not be reviewed]

You must include the following items in addition to the 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 artistic practice, or your role in the project, (e.g., writer, director, camera operator, editor)

### **REQUIRED INFORMATION ON ALL MINI-DV TAPE CASSETTES 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 MINI-DV CASSETTE TAPES.**

E. **ALTERNATIVE ASSIGNMENT:** If you cannot or do not wish to submit a film or video, you may instead submit a five-page written proposal for a short video that you hope to create. The content of your proposed video should be based on lyrics from a song of your choosing. The length of the video should total 5 minutes, with each minute equaling one page of description. The theme should be clearly defined, whether the piece is narrative or experimental. **VERY IMPORTANT:** Your budget for your

## **InnerSpark Film/Video Application—2009**

proposed video may not exceed \$20.00, (twenty dollars) and you must provide a short description of how and where you plan to use that money. Do not include any expenses for camera and related equipment and tape stock. Those are a given, for purposes of this assignment. Keep in mind that this assignment is meant to give the faculty an idea of who you are as a filmmaker. You should demonstrate ability and creative practicality in visualizing your lyric-inspired video. Note: The faculty is looking for a page-by-page description of images and their relation to the overall theme of your piece. If you choose this alternative assignment, you are encouraged to include additional materials that will help the faculty understand and evaluate your proposal. These may include location photos, character studies and storyboards.

### **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.

### **PLEASE NOTE:**

- Send us your video with your name clearly printed on both the container and the video. We do NOT assume responsibility for the loss or damage of submissions. APPLICATION VIDEOS WILL NOT BE RETURNED, SO DO NOT SEND MASTER COPIES OF YOUR VIDEO.
- Send your application assignments to:

Attn.: Film/Video Department  
California State Summer School for the Arts (InnerSpark)  
P.O. Box 1077  
Sacramento, CA 95812-1077