



Application Form

APPLICATION FORM

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| NAME | |
| ADDRESS | |
| CITY | |
| POSTAL CODE | |
| TELEPHONE | |
| EMAIL ADDRESS | |
| HOW DID YOU FIND OUT ABOUT THE ONE MINUTE FILM PROGRAM? | |

The Atlantic Filmmakers Cooperative encourages diversity. If you are a member of an underserved community you can identify yourself as such by circling 'yes' below. This is entirely voluntary. Bring a member of an underserved community is NOT a requirement to receive a spot in the program.

YES NO

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| <p>PROPOSED TITLE OF YOUR FILM A carefully chosen title can be a great short-cut to setting the tone for your film.</p> | |
| <p>IN ONE SENTENCE, TELL US ABOUT YOUR IDEA FOR YOUR FILM Like the title, choose your words carefully. This sentence should be to the point, attention grabbing and clear.</p> | |



Application Form

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| <p>TELL US ABOUT YOURSELF Tell us what skills and interests you'll bring to the One Minute Film Program – include any previous film, video or other arts and community related activities you have participated in. You can also attach a Bio or resume.</p> | |
| <p>DESCRIBE YOUR IDEA IN MORE DETAIL Include anything that will help the jury better understand the film you have in mind, basic story, characters etc.</p> <p>You can attach an additional sheet if more room is needed.</p> <p>Films are SILENT; so do not include dialogue in your description. Story must be told visually without narration or sound effects.</p> | |

You may include storyboards, pictures or any other visual materials that will help explain your idea. However, you are NOT required to do so.

Applications may be dropped off, mailed or emailed. No faxes will be accepted.

Drop-off: AFLOOP-OMF 5600 Sackville St. Halifax, NS, Suite M02 (CBC Radio Building)

Mailing Address: AFLOOP-OMF PO Box 2043, Halifax NS B3J 2Z1