



The Lab

MASTER CLASS

Application Form
DRAFT 9/13/06

Print this page, fill it out and mail it to us at the address below. We do not yet accept on-line submissions. Please attach additional pages, including letters of recommendation, if necessary. Answer all questions completely. Be sure to check the class Schedule & Deadline!

Your Name:

Date of Birth:

What Grade are you in?:

Your School:

Your Address:

Phone:

Mobile:

Your Email:

Emergency Contact :

GHF

Relationship To You:

His or Her Address:

His or Her Phone:

Your **Lab** Class (Circle)

FALL SPRING 2004 2005 2006 2007

Title of Your LAB Film:

Your Mentor's Name:

Have you remained in contact with your mentor since graduating from The Lab?

Have you Completed the Onliine Graduate Tracking Survey?

YES NO

If NO, go to <http://www.surveymonkey.com/s.asp?u=563442377618> and complete it before submitting your application)

Have you participated in Reel Impact? YES NO

How would you grade yourself as a student in The Lab?

| | | | | | | |
|---|----|---|----|---|---|---|
| Overall Quality of my film (Circle One) | A+ | A | A- | B | C | D |
| Clarity and originality of my Story | A+ | A | A- | B | C | D |
| Camera and editing Technique. | A+ | A | A- | B | C | D |
| Impact on audience. | A+ | A | A- | B | C | D |
| Personal importance to me. | A+ | A | A- | B | C | D |
| What are most proud of about your film? | | | | | | |
| What would you do differently if you could go back and do it again? | | | | | | |
| Quality of relationship with my Mentor. | A+ | A | A- | B | C | D |
| Explain | | | | | | |
| Regular Attendance in both Wednesday and Saturday classes. | A+ | A | A- | B | C | D |
| Written Homework | A+ | A | A- | B | C | D |

| | | | | | | |
|--|-----------|----------|-----------|----------|----------|----------|
| Camera technique upon completion of my film. | A+ | A | A- | B | C | D |
| Final Cut Pro Technique upon completion of my film | A+ | A | A- | B | C | D |
| Taking all this into consideration, give yourself and overall grade | A+ | A | A- | B | C | D |
| Explain. | | | | | | |

On a separate sheet of paper (500-1000 words) please describe in detail the film you would like to make in The Master Class.

You are strongly advised to meet with John or Stephanie before completing your application!

Parental Approval is required for all students under 18 years old.

As parent/guardian of _____, I give permission for him/her to participate in the Lab Master Class. I give my child permission to go on all scheduled trips and outings. I do hereby give authority to the Reel Works Teen Filmmaking, HBO and the Prospect Park YMCA to obtain necessary medical treatment for my child, with the understanding that the family will be notified as soon as possible. I hereby grant permission to Reel Works Teen Filmmaking, HBO and the Prospect Park YMCA to use my child's name, to take and publish photographs, videotapes or motion pictures for any legitimate purpose. I release all rights to such.

Signature: _____

Date: _____

Letters of recommendation from your school or community-based organization are welcomed but not required.

All applicants will be interviewed in person prior to acceptance into The Lab Master Class

Please return your completed application by the DEADLINE listed on our website to:

Reel Works Teen Filmmaking
The Prospect Park YMCA
357 Ninth Street
Brooklyn, NY11215

Questions? Contact **Kristin Wernicke**, Lab Coordinator at:
(718) 768-7100 Ext. 139
Kristin@reelworks.org