



Application Form

Name: _____

Address: _____

Home phone: _____ Parent cell: _____

Age: _____ School: _____ Grade entering in Fall 08: _____

Are you a KRC client? Yes No Do you participate in the Migrant Education Project? Yes No

Are you a special needs student but not a client of KRC? Yes No

How did you hear about the Summer Film Camp? _____

Why would you like to attend the Summer Film Camp? *(You may use the back of this page if necessary.)*

There will be students from all over Kern County attending the film camp, representing a variety of races, classes, academic levels and physical capacities. Some of them may view the world very differently than you, yet you may be asked to work together in the same team. It will be a very intensive two weeks—there will be a lot of information to absorb, and a lot of work to do that will only be accomplished by our supporting each others' efforts. We will be holding all students to a very high standard of behavior and civility, and will expect to see all students treating each other with respect and dignity.

I have read this statement and am willing, if accepted, to live up to the standards of the Summer Film Camp.

Signature: _____

Please return this form either in person or by mail to the Arts Council of Kern, 2000 K Street, Suite 110, Bakersfield, CA 93301. If you have questions, please call Jill Egland, Director of Special Projects, 661-324-9000.