Apollo Outreach

2014 SUMMER MEDIA WORKSHOP FOR TEENS

WHEN       Monday, June 9th to Friday, June 20th, 10am – 4pm

WHERE      AOI Workshop, 19 East College Street, Oberlin, Ohio

WHO        16 students will be accepted into the Workshop, pending application and interview
            (priority will be given to first-time applicants)

WHAT       In the Workshop, students acquire critical, creative, and technical skills and produce their
            own short movies, which will screen publicly at the Apollo Theatre on Sunday, June 22nd

COST       Tuition is $375, due by June 2nd (no exceptions), upon acceptance into the Workshop

* Applicants should NOT send money with their applications

* Partial & full scholarships are available for students demonstrating financial need

* Applications due by 4pm, May 2nd (late applications not guaranteed consideration)

* Prospective students will be interviewed prior to acceptance

INSTRUCTORS & STAFF

GEOFF PINGREE         filmmaker, OC Cinema Studies Director & Professor, AOI Co-Director
RIAN BROWN            filmmaker, OC Cinema Studies professor, AOI Co-Director
CLAUDIO ORSO          artist, AOI Outreach Coordinator
FACILITY AND EQUIPMENT USE

The Summer Media Workshop will be held mainly at Oberlin College's AOI Workshop, located at street level in the Apollo Theater. Occasional activities may be held in other College classrooms and studios or at Langston Middle School. The Workshop offers state-of-the-art media production equipment, available for the exclusive use of currently enrolled students, who are expected to treat the facilities and equipment with the highest degree of care. Students who intentionally misuse the facilities or equipment will be asked to withdraw from the Workshop. Food and drinks are prohibited in production and screening areas.

CODE OF CONDUCT

Students are expected to contribute to class activities, maintain a positive attitude, and show respect for others at all times. The Apollo Outreach Initiative reserves the right to remove any student from The Workshop, without refund, if he or she violates this policy.

WAIVER

Students take the Workshop at their own risk and waive the right to make any claims against Oberlin College for any injury, damage, or loss sustained while on the premises at Langston Middle School or at Oberlin College. The Workshop is not responsible for theft, loss, or damage to students' personal belongings.

PHOTOGRAPHY AND PUBLICITY

Apollo Outreach Initiative activities and programs are photographed, videotaped, and filmed for publicity and/or promotion of the Apollo Outreach Initiative at Oberlin College. Students who do not want to be photographed or filmed for any purpose may submit a written statement to Claudio Orso, AOI Coordinator.

QUESTIONS

Contact Claudio Orso, AOI Coordinator at corsogia@oberlin.edu or (440) 985-8726.
APPLICATION FORM (due May 2nd)

Please complete this application and have your parent/guardian read its policies and sign to accept its terms. **Enrollment is not complete until you have been interviewed and received email confirmation.** The Workshop fee is $375.00; checks are payable to Oberlin College. **Full payment is due June 2nd. Partial and full scholarships** are available for students demonstrating financial need. Please mail application to: Apollo Outreach Initiative, Cinema Studies Program, Oberlin College, 10 N. Professor St., Oberlin, OH 44074 or e-mail it to corsogia@oberlin.edu

Name______________________________________________________________

Birth Place & Date______________________________________________________

Parents/Guardians______________________________________________________

Address...........................................................................................................

City/State/Zip Code________________________________________________________

E-mail_________________________________ Phone (cell)__________________________

Phone (home)_________________________ Phone (work)________________________

O  Yes, I have read and agree to all the policies described in this application

Parent/Guardian Signature__________________________________________Date ________________

Emergency Contact________________________Relationship______________________

Phone (c)_____________________Phone (h)______________Phone (w)______________

Insurance Company________________________Policy Number_____________________

Doctor________________________________________Phone_______________________

List any physical/emotional health concerns (drug/food allergies, medications)

________________________________________________________________________

Initial here ______ if the student is permitted to leave the Workshop facilities independently. Besides listed parents/guardians, only the following are authorized to pick up the student:

Name______________________________________________________________ Phone_____________________

Name______________________________________________________________ Phone_____________________

Name______________________________________________________________ Phone_____________________
**SCHOLARSHIP APPLICATION FORM**

You must submit this with your registration form at least two weeks before the course begins. Please mail it to:

Apollo Outreach Initiative, Cinema Studies Program, 10 N. Professor St., Oberlin, OH 44074

Name______________________________________________________

Parents/Guardians_______________________________________________

Family’s total gross annual income________________________________

For verification, please provide one of the following for each wage earner in the household:

- Most recent tax return
- Paycheck stub
- Social Security, pensions, or retirement benefit letters
- Unemployment, disability, or worker’s compensation letter
- Welfare benefit letter
- Child support or alimony agreement or copies of check
- If there is no income, a letter of explanation

Please also include two letters from non-relatives (e.g. teacher, neighbor, family friend, clergy member), each stating how he/she knows the applicant and for how long, what the applicant would contribute to The Workshop, and why he/she thinks the applicant would benefit from The Workshop.

I certify that all information on this application is true and that all income is reported. I understand that the Apollo Outreach Initiative has the right to verify this information.

Parent/Guardian Signature________________________________________Date__________

**Privacy Statement:** For Apollo Outreach Initiative use only. All information is confidential and will not be shared with any outside organizations or persons.