

Applicant's Information

Last Name: _____ First Name: _____

Preferred Phone #: _____

Email: _____

Gender: _____ Graduation date: _____

Please circle one: GRAD UNDERGRAD ALUMNA

FILM/ ANIMATION/ SIGHT & SOUND

Is this a Sight and Sound project? YES NO

Are you the film's Director or Cinematographer? _____

Does the Cinematographer currently attend NYU? _____

Film/Video Information:

Title: _____

Length: _____

Please circle one: NARRATIVE DOCUMENTARY EXPERIMENTAL

ANIMATION OTHER: _____

If this was a Tisch class project, please state CLASS, PROFESSOR, and SEMESTER:

If this was an independent project shot outside of Tisch, please state DATE and CONDITIONS it was produced under:

Director/Cinematographer Information: (complete both)

Director's Name: _____

Email: _____

Preferred Phone #: _____

Cinematographer's Name: _____

Email: _____

Preferred Phone #: _____

If submitting digitally:

Vimeo Link for project: _____

Checklist:

_____ I have filled out this form with accurate information and understand that any misrepresentation of information on this form will result in disqualification from the festival.

_____ I understand that when a film is selected for the Student Showcase, the director or cinematographer will both be eligible for achievement awards, regardless of which party submitted the film.

_____ I understand that the applicant can submit a film to Fusion regardless of the applicant's gender, and I understand that the film must either be directed or shot by a female, except for Sight and Sound projects which MUST be directed by a female.

_____ I understand that if selected for the Student Showcase, I will need to further provide a copy of the project in a screening format. Neither Fusion nor NYU will be liable for any damage to the submitted project.

Applicant's signature _____ Date: _____

Printed Name _____