

**APPLICATION FORM**

**Candidate's family name:**

**First name:**

**Complete address:**

**Telephone:**

**E-mail:**

**Date and place of birth:**

**Citizenship:**

**Mother language:**

**Other languages spoken and written:**

**Present occupation:**

**Studies or training in cinema** *(including internships if applicable):*

**Documentary experience** *(title, year of completion, length of productions and role played by the candidate; include membership in any independent film or video organizations):*

**Vimeo link of a previous documentary work:**

**Are you a member of a video or film association or group and if so, which one(s):**

**Synopsis of proposed documentary project** *(8 lines max.) :*

**Why do you want to make this documentary?:**

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**Who is your intended audience? How do you intend to distribute the work?:**

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*Please send this completed application form and other required documents to:*

**Fondation Alter-Ciné  
5369 avenue de l'Esplanade  
Montréal (Québec)  
H2T 2Z8  
Canada**



**DEADLINE: AUGUST 15 OF EACH YEAR**