

**APPLICATION FORM****TITLE OF PROPOSED DOCUMENTARY PROJECT:**

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**Director's family name:**

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**First name:**

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**Complete address:**

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**Telephone:**

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**E-mail:**

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**Date and place of birth:**

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**Citizenship:**

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**Mother language:**

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**Other languages spoken and written:**

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**Present occupation:**

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

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

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

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**Vimeo link of the trailer of the proposed project** *(if available):*

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

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**Title of proposed documentary project:**

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

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**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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**DEADLINE: AUGUST 15 OF EACH YEAR**