

DEPARTMENT OF CINEMA AND TELEVISION ARTS

2008-2009 SCHOLARSHIP APPLICATION

Check the box(es) of the scholarship(s) you are applying for.

- | | |
|---|---|
| <input type="checkbox"/> Judge Julian Beck Scholarship | <input type="checkbox"/> East of Hope Street Scholarship |
| <input type="checkbox"/> David S. Somerville Media Research Scholarship | <input type="checkbox"/> David Levy Graduate Screenwriting Award |
| <input type="checkbox"/> Polonsky/Graduate Screenwriting Award | <input type="checkbox"/> Polonsky/Graduate Critical Writing Award |
| <input type="checkbox"/> Polonsky/Undergrad Critical Writing Award | <input type="checkbox"/> Michael Rasmussen Memorial Scholarship |
| <input type="checkbox"/> Jay Roper Memorial Television Scholarship | <input type="checkbox"/> New Vistas Award |
| <input type="checkbox"/> Marc Yobs Memorial Scholarship | <input type="checkbox"/> American Women in Radio and Television
<small>(Separate application required)</small> |

Please type or print the following information:

Name: _____ CSUN ID# _____

Home Address: _____

Phone: _____ Age: _____

Total College or University Units Completed: _____

If units are from a school other than CSUN, please indicate school(s) and number of units:

School: _____ Units: _____

Number of units completed at CSUN: _____ Total years at CSUN: _____

Number of units needed to complete your requirements for graduation from CSUN: _____

Number of units being taken this semester: _____ Expected date of graduation: _____

CTVA option: _____

Cumulative grade point average for all college/university courses: _____

Grade point average for CTVA courses only: _____

(Over)

Participation in activities of the Department of Cinema and Television Arts and/or activities in other areas of the University: (Please list and explain. Use a separate sheet of paper if necessary.)

References – list up to four people you will contact if a letter or recommendation is required. Only the top three finalists for each award will be asked for letters of recommendation.

Note: For CTVA Scholarships, at least one recommendation will be required from a CTVA full-time faculty member.

1. _____
(Name)

(What is your relationship to this person?)

(Phone Number)

2. _____
(Name)

(What is your relationship to this person?)

(Phone Number)

3. _____
(Name)

(What is your relationship to this person?)

(Phone Number)

4. _____
(Name)

(What is your relationship to this person?)

(Phone Number)

PLEASE NOTE: Staple this application on top of all required materials. Return to the CTVA Department office, MZ 195, by 3:00 p.m. on March 1, 2009.