

Application Form

Candidate's family name: _____

First name: _____

Complete address: _____

Telephone: _____

Fax: _____

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): _____

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?: _____

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

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

**Fondation Alter-Ciné
5371 avenue de l'Esplanade
Montréal (Québec)
H2T 2Z8
CANADA**

>> *Deadline: August 15 of each year*