



The Sermoonjoy Fellowship Application

Applicant Information Name _____ Middle Last Mailing address City State ZIP Code Telephone (Area code and number) Email address Date of Birth Member of SAG/AFTRA since AEA since **Accuracy Statement** The information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide additional information for verification purposes. Applicant Signature _____ Date ____ Please enclose this application along with resume, training center information and any additional submission materials (i.e. CDs, DVDs, website links, etc) in a single envelope and mail to the address below by the due date of July 1, 2019. Materials will not be returned. Direct

Mail completed application and additional materials to:

notification of the recipients will occur August 1, 2019 as well as being posted on the website at

The Sermoonjoy Fellowship Fund c/o Sermoonjoy Entertainment 10515 Balboa Blvd Ste 210 Granada Hills, CA 91344

or send scanned material, attachments and links in 1 email to sermoonjoy.org

Please note that California Community Foundation and Sermoonjoy Entertainment, Inc. employees and family members, and any relatives of the committee are not eligible for this fellowship.



www.sermoonjoy.org/Fellowship.html.

Explain why you need this fellowship and what you plan to do with the funds. Class Description Institution or Establishment Proposed Schedule

If more classes need to be added, include them in the detailed essay of intent.



Applicant Explanation

1st Recommender Information (Professional Recommendation)

Name of recommender _							
	First		Middle	Last			
Professional title	Email						
Professional relationship	to candidate _						
Name most recent projec							
Dates of last project							
Describe your profession	al knowledge a	and recomme	endation of cano	lidate for this fellowship:			
Continue on back or with	attachments i	f more space	is needed.				
Signature			Date	2			



$2^{nd} \ Recommender \ Information \ (Professional \ Recommendation)$

Name of recommender _				
	First		Middle	Last
Professional title			Email	
Professional relationship	to candidate _			
Name most recent project				
Dates of last projectmo				
Describe your professiona	ıl knowledge a	and recomm	endation of can	didate for this fellowship:
Continue on back or with	attachments is	f more space	e is needed.	
Signature			Dat	e