



The Sermoonjoy Fellowship Application

Applicant Information Name Middle First Last Mailing address ZIP Code City State 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, Vimeo, YouTube) in a single envelope and mail to the address below by the due date of <u>July 1, 2018</u>. Materials will <u>not</u> be returned. Or, send scanned material, attachments and links in 1 email to <u>sermoonjoy@sermoonjoy.org</u>. Direct notification to the recipients will occur by email on August 15, 2018. Recipients will be posted on the website at <u>www.sermoonjoy.org/sermoonjoy-fellowship.html</u>.

Mail completed application and additional materials to:

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

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





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

$\mathbf{1}^{\text{st}}$ Recommender Information (Professional Recommendation)

Name of recommend	er			
	First	N	Middle	Last
Professional title			Email	
Professional relations	ship to candidate			
Name most recent pr				
Dates of last project		to		
	mo/yr	mo/yr		
Describe your profes	sional knowledge	and recommen	dation of cand	lidate for this fellowship:
Continue on back or	with attachments	if more space is	s needed.	
Signature			Dat	e





2^{nd} Recommender Information (Professional Recommendation)

Name of recommende	er			
	First		Middle	Last
Professional title			Email	
Professional relations	ship to candidate			
Name most recent pro	oject collaboratio	n		
Dates of last project		to		
	mo/yr	mo/yr		
Describe your profess	sional knowledge	and recomme	endation of cand	lidate for this fellowship:
Continue on back or	with attachments	if more space	is needed.	
Signature			Dat	e



