



The Sermoonjoy Fellowship Application

Applicant Information

Name _____
First 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 31, 2025**. Materials will **not** be returned. Direct notification of the recipients will occur August 15, 2025 as well as being posted on the website at www.sermoonjoy.org/sermoonjoy-fellowship.html.

Mail completed application and additional materials to:

The Sermoonjoy Fellowship Fund
c/o Sermoonjoy Entertainment
10605 Balboa Blvd Ste 265
Granada Hills, CA 91344

or send scanned material, attachments and links in 1 email to sermoonjoy@yahoo.com.

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.

Applicant Explanation

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.



1st Recommender Information (Professional Recommendation)

Name of recommender _____
First Middle Last

Professional title _____ Email _____

Professional relationship to candidate _____

Name most recent project collaboration _____

Dates of last project _____ to _____
mo/yr mo/yr

Describe your professional knowledge and recommendation of candidate for this fellowship:

Continue on back or with attachments if more space is needed.

Signature _____ Date _____



2nd Recommender Information (Professional Recommendation)

Name of recommender _____
First Middle Last

Professional title _____ Email _____

Professional relationship to candidate _____

Name most recent project collaboration _____

Dates of last project _____ to _____
mo/yr mo/yr

Describe your professional knowledge and recommendation of candidate for this fellowship:

Continue on back or with attachments if more space is needed.

Signature _____ Date _____