



# YOUNG REPORTER PROGRAM

## APPLICATION FORM

### Home Information

<b>Name</b>		<b>Surname</b>	
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip</b>
<b>Home Phone</b>		<b>Mobile</b>	
<b>Email Address</b>		<b>Secondary Email Address</b>	

### Other Information

<b>University or Organization</b>
<b>Occupation &amp; Title</b>
<b>How long have you been Employed with Current Employer?</b>
<b>Period You can Serve if Selected</b> From _____ to _____

## Education & Identity

Name of College and Degree Obtained

Name of Graduate School and Degree

Other Certification and Diplomas *(Please tell us the Name of School and Type of Diploma)*

### Ethnic Background

*(Please put an "X" in the box for all that apply)*

<input type="checkbox"/>	Asian	<input type="checkbox"/>	African - American	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Latino	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	

### Sex

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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## Experience & Skills

Are you fluent in any Foreign Language or Sign Language?

YES

NO

If **yes**, please describe

If you are a write, what are your genres of expertise?

*(Check all that apply and indicate expert knowledge with two 'x')*

<input type="checkbox"/>	Fiction	<input type="checkbox"/>	Drama / Plays	<input type="checkbox"/>	Screenplays	<input type="checkbox"/>	Journalism
<input type="checkbox"/>	Poetry	<input type="checkbox"/>	Children's Literature	<input type="checkbox"/>	Proofreading	<input type="checkbox"/>	Translation
<input type="checkbox"/>	Nonfiction	<input type="checkbox"/>	Songwriting	<input type="checkbox"/>	Critique	<input type="checkbox"/>	TV Writing
<input type="checkbox"/>	Editing	<input type="checkbox"/>	Marketing / PR / Business Writing			<input type="checkbox"/>	Other

*(If is **other**, please list, and use as much space as you need)*

<b>Have You Volunteered for any Non-profit Organization?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
If <b>yes</b> , please describe				
<b>Do You have any Photography Skills ?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<b>Do You have any Video Filming Skills ?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<b>Do You have any Video Editing Skills ?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<b>If You are a Writer, Tell us about your Writing Background.</b>				
(Books published, public readings, scripts sold, awards, etc.)				
<b>Do You have any Physical Restrictions You Think we should be Aware of ?</b>				
If <b>yes</b> , please describe				

## Certification

I acknowledge that this application is made by me. To the best of my knowledge, the statements made by me on this application are true and complete, and I have withheld nothing which would, if disclosed, reflect adversely on my application.

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Signature of Applicant

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Date