

**THE DUKE MEDIA FOUNDATION AND
NEW YORK FILM ACADEMY**
Presents
The 2017 Bill Duke Youth Media Camp

APPLICATION

Personal

Student Name: _____

Address: _____

City/State/Zip: _____

Student's Phone: (Cell) _____ (Home) _____

Student's Email: _____

School: _____

City and State _____

Grade: _____ GPA: _____

Birthdate (M/D/Yr): _____ Age: _____ Place of Birth: _____

TV/Production/Media Experience if any (Classroom or Other):

Tell Us About Yourself:

Family

Father's Name _____ Phone: _____

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Mother's Name _____ Phone: _____

Address (if different): _____

City/State/Zip: _____

Mother's Email: (if applicable) _____ Father's Email: (if applicable) _____

Names & Ages of Siblings (ages): _____

EMERGENCY INFORMATION

Emergency Contact Information:

List the names of two (2) nearby relatives or neighbors who can be contacted in case of an emergency if the parent is unavailable.

Name of Relative or Neighbor: _____

Address: _____ Phone: _____

Name of Relative or Neighbor: _____

Address: _____ Phone: _____

In the event of an accident or serious illness, I authorize The Duke Media Foundation to contact me. If The Duke Media Foundation is unable to contact me, you are hereby authorized to contact one (or both) of the above relatives or neighbors, and to contact our physician listed below and/or to seek appropriate medical treatment for my child.

Signature of Parent or Guardian

Date

Physician's Name: _____

Phone: _____

Health Plan/Hospital Name: _____

Phone: _____

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Special Instructions/Medical Conditions:

ESSAY

Attach a 2-3 paragraph essay on the Topic:
“WHY I SHOULD BE CHOSEN FOR THE
BILL DUKE YOUTH MEDIA CAMP”

WHEN YOUR APPLICATION IS COMPLETELY

FILLED OUT, SEND IT TO US BY
DOING ONE OF THE FOLLOWING:

FAX Application and Essay to: **(213) 223-6963**

or

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Email Application and Essay to:
info@dukemediafoundation.org

or

Mail Application and Essay to:
7510 Sunset Blvd., #558 Los Angeles, CA 90046

For questions call:
(310) 746-5681
Duke Media Foundation