



Application Cover Sheet

Thanks for your interest in being one of the students in the 2019 *Documentary History Project for Youth (DHPY)*. To make sure your application is complete, please fill out the top part of this cover sheet and use the bottom as a checklist to make sure you send us all the things we'll need to see.

Information We Need to Have

Your Name _____

Your Home Address with Zip Code _____

Your Home Phone Number _____ Your Cell Number _____

An E-Mail Address Where We Can Reach You _____

Your Age _____ Your Current Grade in School _____

Name of Your School _____

The Address of Your School _____

A Phone Number for Your School _____

Checklist of Application Items You Must Submit:

- A letter from your parent or guardian, saying that you have permission to be in the DHPY. This letter must include your parent or guardian's direct contact information.
- Copies of your 2 most recent report cards, even if one is from your previous school
- Two letters of support, with at least one being from a recent or current teacher or school counselor.
- On a separate piece of paper, attach your answers to these 3 questions:
 - 1) **Why are you interested in video making and what would you like to learn?**
 - 2) **Why is history important to you?**
 - 3) **Why would you make a good member of the 2019 Documentary History Project for Youth production team?**

When you've filled out the top and have gathered all the listed items, send this cover sheet and your packet to:

Documentary History Project for Youth
Scribe Video Center
3908 Lancaster Avenue
Philadelphia, PA 19104

Application deadline: 5:00PM, Friday, February 15, 2019

When all the applications are in, we will send you a letter about interviews and next steps. In the meantime, you, your parent or guardian or your school should feel free to call 215-222-4201, or email us at inquiry@scribe.org with questions about Scribe Video Center or the Documentary History Project for Youth.

We look forward to receiving your application!



Parental/Guardian Permission Form

Date: _____

Dear Scribe Video Center,

I, _____, give my child, _____, permission to participate in the Documentary History Project for Youth 2019, a program of Scribe Video Center.

Sincerely,

Name of Parent/Guardian: _____

Relationship to the applicant: _____

Address: _____

Email: _____

Phone Number: _____

Phone Number: _____

Signature: _____ Date: _____