



SACRAMENTO METROPOLITAN CABLE TELEVISION COMMISSION

Sacramento Metropolitan Cable Television Commission Scholarship Application

Applicant Name: _____

Date of Birth: ___ / ___ / ___

Email Address: _____

Address: _____ State: ___ Zip Code: _____

For Parent/Guardian completion if applicant is under the age of 18:

Parent/Guardian Name: _____

Email Address: _____

Address: _____ State: ___ Zip Code: _____

Parent/Guardian Date of Birth: ___ / ___ / ___ Phone Number: _____

Course Registration

Course	Location/School	Start Date

Applicant Signature: _____ Date: ___ / ___ / ___

For Parent/Guardian completion if applicant is under the age of 18:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Cable Commission Staff and the Ad Hoc Committee will review Video Production Education Scholarship applications based on the following components. Please provide responses to the questions below. If you need more space to write, please attach your responses as a separate page.

1) What are your plans for your education related to video/production?

2) What is your background in video production and programming?

3) How will this course, workshop, or other educational path assist you in your goals to improve your education/skills related to video production?

4) Please provide a statement outlining your passion for video production and your aspirations in the field.