



### Sample Works

Please list your sample works. **(Please note that the combined running times of ALL submitted sample works may not exceed 20 minutes. Please put VHS work samples on separate tapes.)**

Year	Title & Your Role in the Production	Format	Length

**Formats Accepted: VHS, 16mm, or DVD**

### Application Checklist

- |   |   |
|---|---|
| <input type="checkbox"/> Signed Application Cover Sheet | <input type="checkbox"/> Income Budget  |
| <input type="checkbox"/> Project Description            | <input type="checkbox"/> 10 Pages of Script, Detailed Treatment or Storyboard (if applicable) |
| <input type="checkbox"/> Current Résumé(s)              | <input type="checkbox"/> Sample Works   |
| <input type="checkbox"/> Detailed Expense Budget        |   |

DO YOU WANT YOUR WORK SAMPLES RETURNED TO YOU?

- YES                       NO  
 (include SASE)

### THIS INFORMATION WILL NOT BE PROVIDED TO THE REVIEW PANELISTS

The Minnesota Film and Video Program seeks to be inclusive and accessible to all individuals. For this reason, we are requesting information about the racial/cultural origin of applicants, age, gender and how applicants heard about the program. You are not required to complete this section; however, this information will help us to know whether the program is attracting a diverse range of applicants.

- |  |  |
|--|--|
| <input type="checkbox"/> Black/African American  | <input type="checkbox"/> Asian/Asian American/Pacific Islander |
| <input type="checkbox"/> White/European American | <input type="checkbox"/> Hispanic/Latino/Latina/Chicano        |
| <input type="checkbox"/> Native American         | <input type="checkbox"/> Other (please specify) _____          |

- Male             Female             Other            Age \_\_\_\_

Have you previously applied to the Minnesota Film and Video Grant Program?    YES    NO

- How do you identify your genre of filmmaking:
- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Documentary  | <input type="checkbox"/> Narrative |
| <input type="checkbox"/> Experimental | <input type="checkbox"/> Animation |

How did you hear about this program?

- |  |  |
|--|--|
| <input type="checkbox"/> Direct mail   | <input type="checkbox"/> Referral from a colleague |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Newspaper                 |
| <input type="checkbox"/> Newsletter    | <input type="checkbox"/> Other _____               |
- Which one? \_\_\_\_\_

**THIS SHEET MUST ACCOMPANY PROPOSAL  
Handwritten or Typed Cover Page Accepted**