



INTERNATIONAL ACADEMY OF FILM AND TELEVISION

Saac II Road, Brgy. Mactan, Lapu-lapu City 6015, Cebu Philippines, Tel. No.: +63-32-412-6090 ; +63-32 342-8889 Fax No. +63-32-412-6089

Please return this application to:
International Academy of Film and Television
Saac II Road, Barangay Mactan
6015 Lapu-Lapu City Philippines

Please provide accurate and complete information, sign and date this form to expedite processing of your financial aid application.

Full Legal Name

requested:

Last Name (please print)

First Name

Middle Name

Permanent Address

Number/Street

City

State/Country

Zip

Home Phone Number

()

E-mail

Mobile Number

Gender

Age

Date of Birth

Citizenship

Period for which aid is

Academic Year:

Session 1 Only _____

Session 2 Only _____

Session 3 Only _____

Session 4 Only _____

Session 5 Only _____

Expected Date of Entry:

I wish to be considered for the following scholarship program(s) please check.

CineLikha Young Filmmaker Scholarship

IAFT Lumière Fellowship

Emergent Artists Award

Requirements:

- Financial need statement (tax records)/Parents annual gross income for the past three years
- IAFT Application for Admission
- Completed IAFT Scholarship Application Form
- Study Plan
- Essay on:
 - *Interests, objectives upon completion of the program. (500-1000 words)
 - *Why an IAFT Scholarship would assist the candidate towards reaching personal and professional objectives; (500-1000 words)
- Transcript of Records / Diploma
- Curriculum Vitae with references
- Sample Work (music video, short film, documentary or feature)
- Recommendation from a school faculty or official addressing the student's growth or previous employer (optional)

Certification—To be signed by all applicants

I have read and understood the enclosed information. I affirm that the information that I have provided on this application form and any additional materials that I submit related to the financial aid process is complete, accurate and true. I hereby authorize the International Academy of Film and Television to release the scholarship information provided by me to scholarship evaluators or donors (if any) concerning my eligibility as a scholarship recipient. I also understand that furnishing false information may result in revocation of my financial aid or may result in disciplinary action pursuant to the IAFT code of student conduct.

Applicant's signature above printed name

Date

Received: