

**APPLICATION**

**FIAF SUMMER SCHOOL**

June 10 to 28, 2002

To be held at the George Eastman House,  
International Museum of Photography and Film, Rochester, New York

**NOTE:** You are requested to complete this form as fully as possible, providing such additional supporting information as you feel is appropriate or useful. PLEASE COMPLETE **SECTION ONE** IN BLOCK CAPITALS AND/OR USE A TYPEWRITER THROUGHOUT.

**Section One**

LAST NAME (FAMILY NAME) .....

FIRST NAME .....

OTHER NAMES .....

DATE OF BIRTH ..... NATIONALITY .....

HOME ADDRESS .....

.....

..... TELEPHONE .....

ARCHIVE/ORGANIZATION .....

ADDRESS .....

TELEPHONE ..... FAX .....

E-MAIL ADDRESS .....

POSITION YOU HOLD .....

[NOTE: A supporting letter from the Head of your archive/organization must be sent with this application.]

Do you require a visa to

(a) leave your country? YES/NO (b) enter the United States? YES/NO

Do you require a letter of support to help you obtain a visa? YES/NO

LANGUAGE(S) YOU SPEAK

i) Your Own .....

ii) Others .....

iii) Fluency in English (please tick as appropriate)

Oral: NONE FAIR GOOD FLUENT

Written: NONE FAIR GOOD FLUENT

**Section Two**

EDUCATION and TRAINING

State any higher education qualifications you have gained (e.g. at college, university, etc.) :

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State any training you have had relevant to the Summer School course and any qualifications gained:

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**WORK EXPERIENCE**

Please state briefly your relevant work experience to date, starting with your current post and duties and working back. In particular, please describe posts you hold or have held in a film or television archive and the extent of your skills and experience:

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(continue on a separate sheet if you wish)

**Section Three**

**ADDITIONAL INFORMATION**

Please give below any additional information you may wish to bring to our attention, e.g. your reasons for wanting to attend this course; problems you have in your own archive; aspects of archiving you are particularly interested in or wish to learn, etc.

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(continue on a separate sheet if you wish)

**Section Four**

PERSONAL MATTERS

1. Sharing of Accommodation

Some participants will be expected to share a room in the Guest House. Please state if you object strongly to sharing, or would like to share, or if there is someone applying for the course you wish to share a room with:

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2. Medical

Do you have any disabilities, ailments, allergies or other medical history which should be brought to our attention (e.g. asthma, epilepsy, diabetes, etc.)?

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3. Financial

Will you genuinely require financial assistance in order to attend the Summer School? If so, how much? How do you plan to get the money?

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I certify that the information I have given in this form is true:

Signed ..... Date .....

Countersigned ..... Date .....  
(by the Head of your Archive)  
(Name of the Head of the Archive [in full print]) .....

Please MAIL (or FAX and MAIL) your completed form to:

George Eastman House  
Motion Picture Department  
900 East Avenue  
Rochester, NY 14607  
United States

Fax 1-716-271.39.70  
Tel. 1-716-271.33.61 ext. 333

CLOSING DATE: 31st December 2001

NOTE If there are too many applicants, a selection will be made. If your application is accepted, the course fee (payable in advance) will be invoiced to you, and you will be asked to supply two passport-style photographs.

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