

Native Language Youth Video Workshop
Scholarship Application

Deadline: May 15, 2009

Last Name: _____ First Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relation: _____

Language Program or Class: _____

City: _____ State: _____ Zip Code: _____

Chaperone policy of the museum requires 1 adult to every 5 children. This may be a parent, community language teacher, or elder. You may bring more chaperones if you wish. Who will be accompanying you to the workshop? Please list each person.

Chaperone #1

Last Name: _____ First Name: _____

Describe their relation to the group. Check as appropriate.

Co-Teacher _____

Language Advisor _____

Elder _____

Tribal Techie Guru _____

Other _____

Chaperone #2

Last Name: _____ First Name: _____

Describe their relation to the group. Check as appropriate.

Co-Teacher _____

Language Advisor _____

Elder _____

Tribal Techie Guru _____

Other _____

Level of Technological Experience

Have you ever used a hand-held video camera?

Yes _____

No _____

If so, would you consider your level:

Beginner _____

Intermediate _____

Advanced _____

Have you ever used any video editing software?

FinalCut _____

iMovie _____

Adobe Premier _____

Other _____

Group Information

You will be asked to form a crew of 3-5 members total to carry out your video project. List the other members of your crew, and their roles (director, cameraperson, sound, editor, interviewer, producer).

	<u>Name</u>	<u>Role</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

4. _____

5. _____

Describe your proposed video project at this time.

Discuss why you would like to attend the video workshop and how you would benefit from it.

If accepted, you and each member of your group will be required to attend the full 4 days of the workshop (June 5, 6, 12, and 13 from 9am-4pm). If this is not possible, then your slot may be given to an alternate group. Do you agree to this?

_____ yes

_____ no

Signature _____

Printed Name _____

Date _____

Native Language Youth Video Workshop
Photo/Video/Audio Release Form

To be filled out by each participating student.

Each participant will receive one copy of their final project. Copies of the final product will become part of the Native American Languages collection at the **Sam Noble Oklahoma Museum of Natural History**. They will be made available for educational purposes for the general public. This also means that they can be used for promotional purposes for future workshops and events.

I hereby grant to the Sam Noble Oklahoma Museum of Natural History, University of Oklahoma, the unqualified right and permission to reproduce, copyright, publish, circulate and otherwise use photographs, video and/or voice recording of me. I hereby release SNOMNH and the University of Oklahoma from any and all rights, claims or actions against them on account of the use or publication of these images or recordings.

I have read and understand the release statement above and hereby agree to its terms and conditions.

Signed: _____

Print Name: _____

Date: _____

The deadline application is **May 15, 2009**. You may return this application by email, fax, or postal mail to the following address:

Department of Native American Languages
Sam Noble Oklahoma Museum of Natural History
2401 Chautauqua Avenue
Norman, OK 73072-7029

Email: osammons@ou.edu

Fax: 405-325-7699

If you have any questions, feel free to call at 404-325-7588.