

Journalism & Production Boot Camp Checklist

BEFORE SUBMITTING BE SURE YOU INCLUDE THE FOLLOWING:

Application (are all fields complete)

Cover or Interest Letter

Resumé

Copy of Current Student ID

Reel and/or Electronic Portfolio

The Camp is scheduled for October 8th, October 22nd, and October 29th.

Email complete application and supporting documents to: SOC-TSU@TSU.EDU

For inquiries: Dr. Toniesha Taylor, toniesha.taylor@tsu.edu

Dr. Rockell Brown Burton, rockell.brown@tsu.edu

Journalism & Production Boot Camp Application/Enrollment Form

To be eligible for enrollment you must be a current Texas Southern University undergraduate or graduate student.

1. Complete the form below and include supporting documents listed on page one.
2. You will receive a decision notification with the next steps.

(1) Legal Name _____

(2) Mailing Address _____

(3) City / (4) State / (5) Zip _____ (6) email _____

(7) Race/Ethnicity _____ (8) Gender _____

(9) Cell Phone Number _____

(10) Major _____ (11) School or College _____

(12) Classification _____ (13) G.P.A./Class Rank _____

(14) Dietary Preference or Restriction: Please select from the options

Use the space provided to write the questions below.

(15) What type of content creation do you want to produce? (250 words maximum)

(16) What roles have you had in producing /creating multimedia content? (250 words maximum)

(17) Writing Test: National/ Local Story (250 words maximum)

(18) Application Terms & Conditions

(19) I agree to the Terms & Conditions listed above and attest all information is accurate.

(20) Applicant's Signature _____ (21) Date _____

Direct inquiries and questions to: Dr. Toniesha Taylor, Co-Program Director, toniesha.taylor@tsu.edu



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I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature _____ Date ____/____/____ Age (if minor) ____
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his behalf.

Signature _____ Date _____
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

Note: Modification of this Form requires approval by the Office of General Counsel.