

## **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

## 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.