

FAME 2010 SHOWCASE

Application Form

PART 1: Technical Specifications

(Submissions not meeting these requirements will not be considered)

Media Types: locally hostable websites, .swf, .mov

Deadline: All materials must be submitted no later than February 10, 2010.

Please submit all materials to Melissa Reeves in the Loop Campus, 2nd Floor Main Office.

PART 2: Student Information (Please print/type clearly)

Submission Title: _____

Applicant's Name: _____
(First) (Middle) (Last)

Brief Description:

Technical Considerations (if your submission cannot be displayed as deployed off the submitted disk):

Class Produced for (if applicable) _____

Instructor's Name: _____

Each Submission should be clearly labeled with the following:

- Full Name (s)
- Submission Title

NOTE: Incomplete Submissions will be rejected

Illinois Institute of Art - Chicago

PART 3: Applicant's Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Tel : _____ Email: _____

Signature: _____

PART 4: Copyright

NO COPYRIGHTED MATERIAL IS ALLOWED WITHOUT PERMISSION

Please complete each of the following:

This Production includes copyrighted material (music, images, etc.) YES NO

If yes, did you obtain written permission to use the material? YES NO

If yes, please specify what copyrighted material was used (please be specific):

Part 5: Check List

- Complete Application Form
- CD/DVD Clearly Labeled
- Signed Release Form

NOTE: Incomplete Submissions will be rejected

Education Management Corporation

Education Management Corporation/The Art Institutes/Argosy University



PROCESSING # FOR
AMS USE ONLY

RELEASE FORM

Consent for publication of photograph, artwork, videotape, film, and/or verbal or written statements.

I give my consent to Education Management Corporation (EDMC) and to those whom it may authorize to photograph, film, and/or videotape me, and/or to use a photographic/digital reproduction of me or my artwork (with or without my name), to identify me by name and/or with school and employment information, and/or to quote or record statements made by me, for any editorial, promotional, advertising, trade, or other purpose whatever for EDMC — except for testimonial and endorsement of product advertising for third parties for which a payment is received by EDMC.

EDMC and those whom it may authorize shall have the rights to reproduce, distribute, and display — publicly, including on the Internet — photographs, film, videotape, statements, and quotes covered by this release, and to prepare derivative works. I understand that EDMC is not responsible for unauthorized duplication/use by third parties on the Internet.

By signing this form, I certify that any work submitted is mine alone, and that I have the sole right to such work, its distribution, and/or reproduction.

INFORMATION (Please print):

PLEASE CHECK ONE:

Student Graduate Faculty Other

Print your full name clearly (as you would have it appear in print)

Name of The Art Institute you attend/graduated from

Your program of study at The Art Institute

Year you graduated/will graduate from The Art Institute

Description of submitted materials (testimonial, artwork, or image). For artwork, identify software used in production process. For photographs, identify each and every person (with clothing references if necessary) and/or left to right listings.

PLEASE CHECK ONE: COMPANY, PRODUCT, OR PERSON DEPICTED IN ARTWORK IS: EXISTING FICTITIOUS

Your Address: Street

City

State

Zip

(_____) _____
Your phone number

Your email address

Your employer (company name) if employed

Your full, exact title

Optional: A brief testimonial statement describing how you think your education has contributed to your success in your particular field. (Use back of release form for additional notes.)

YOUR SIGNATURE. Please sign inside box below.

TODAY'S DATE

Thank you for your time, and please keep us updated!

SCHOOL INFORMATION RELEASE

The student named below is applying to the EDMC Education Foundation for a scholarship award. This release form authorizes the Foundation to be given information regarding the student's academic, financial and/or personal standing at your college or university, including academic transcripts and financial aid information and contact information.

I authorize _____ to release requested information to the EDMC Education Foundation.
Name of School

Student ID#: _____

Name of applicant (printed): _____

Signature of applicant: _____ Date: _____

SCHOLARSHIP AGREEMENT

All information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form, including a copy of my parents' and/or my prior year's U.S. income tax return. I agree to be bound by all the terms and conditions of the EDMC Education Foundation should I be selected as a recipient.

Name of applicant (printed): _____

Signature of applicant: _____ Date: _____

PERSONAL INFORMATION RELEASE

I hereby give permission for EDMC Education Foundation to quote, publish and exhibit in brochures, letters and/or other materials including my name, photo, excerpts from my EDMC Education Foundation Scholarship Application write up and verbal statements given to the Foundation for the purpose of soliciting funds for awarding scholarships to career college students.

- I am at least 18 years of age.

Name of applicant (printed): _____

Signature of applicant: _____ Date: _____