

BIG SKY FILM INSTITUTE

BIG SKY DOCUMENTARY FILM FESTIVAL



DOCUMENTARY FILMMAKING COURSE APPLICATION

Name _____

Email _____

Phone _____

High School _____

Age _____

Student signature _____

Advising Teacher _____

Advisors signature _____

What are your past experiences with filmmaking? If yes, what experiences have you had? (No experience is fine)

Are you interested in pursuing film as a career? If yes, what would you want to do?

Do you have an idea for a short documentary film already? If yes, explain what it is.

Have you been in a Film or Media Arts class at your school? If yes, what class was it and who taught it?

What are your favorite documentaries?

Have you ever attended the Big Sky Documentary Film Festival?

Do you have access to a video camera? If yes, what camera?

Do you have access to video editing software?

Do you know how to use a video camera? If yes, what camera?

Do you know how to use any video editing software? If yes, what software?

Would you want to work in a group for your film?

Are you able to commit 2 – 4 hours a week to creating a film?

DUE OCT 1st, 2018

Please mail this application to or drop off at:

Big Sky Documentary Film Festival
113 W. Front St, Suite 105
Missoula, MT 59802

You can also scan and email this to: michael@bigskyfilmfest.org