



FLASHPOINT

THE ACADEMY OF MEDIA ARTS AND SCIENCES

APPLICATION FOR HIGH SCHOOL INSTITUTE

- 1) Complete, in ink, the required pages of this application. Please print clearly.
- 2) Include your \$750 program cost via check, money order or credit/debit card number.
If the application is rejected or cancelled by the applicant within five (5) business days, the total cost will be refunded.
- 3) You will receive a packet containing detailed information regarding the High School Institute after your application has been reviewed.

Mail all items to:
Flashpoint Academy
ATTN: High School Saturday Sessions
28 North Clark Street, 5th Floor
Chicago, IL 60602
p 312-332-0707

APPLICANT VITALS:

Last name: _____ Middle name: _____

First name: _____ Age: _____ Gender: M/F _____ Date of birth, month/date/year: _____

E-mail address: _____

Phone (daytime): _____ Phone (evening): _____

Mailing address, street: _____

City: _____ State: _____ Zip / Postal Code: _____ Country:*

PARENT:

Name: _____

E-mail address: _____ Phone (home): _____

Phone (work): _____ Phone (cell): _____

EDUCATION:

High School: _____

Street address: _____

City: _____ State: _____ Zip / Postal Code: _____ Country:*

Years Attended: _____ Current G.P.A. _____

SESSION FOCUS:

PLEASE CHECK THE DESIRED SUMMER FOCUS PROGRAM:

- | | |
|--|--|
| <input type="checkbox"/> Intro to HD Film Production | <input type="checkbox"/> Sound, Image, Time & Space Workshop |
| <input type="checkbox"/> Game Design Workshop | <input type="checkbox"/> VFX & Animation Workshop |
| <input type="checkbox"/> Studio Recording Workshop | |

PLEASE CHECK THE DESIRED SESSION:

- June 21-25, 2010 July 12-16, 2010

*All sessions are Monday through Friday, 1pm - 4pm.

SHORT ANSWERS:

SHORT ANSWER QUESTIONS:

Please complete the following essays on a separate piece of paper. Essays should be no longer than 200 words each. Questions are as follows:

1. What aspects of your current and/or prior educational or personal experience have influenced your passion for digital entertainment?
2. What aspects of your personality do you believe will help you succeed in the digital entertainment industry?
3. Pick a moment in your life you wish you could recreate as a film, song, game or piece of art. What was that moment? How would you recreate it and why?

CONFIRMATION:

SUMMER PROGRAM COST \$750

Method of payment:

Check or money order Credit card Debit card

Credit/Debit card number:

Expiration date:

Card type: Visa Mastercard American Express Discover

Card Security Code:

Print cardholder's name:

Authorized signature:

If accepted, I agree to abide by the policies of the school and authorize the use of my likeness, appearance, performance, voice, name, and student projects in connection with the operation and promotion of the school. I also understand that Flashpoint reserves the right to withdraw subjects, courses and programs if registration falls below the required number, and to change faculty and staff without prior notice to students. I hereby grant Flashpoint permission to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents to comply with such request. The information I have provided is complete and accurate to the best of my knowledge. I agree to abide by Flashpoint school rules and regulations.

Applicant name (printed):

Applicant signature:

Date:

YES NO Have you ever been convicted of a criminal offense, found guilty, or entered a plea of guilty or no contest, regardless of adjudication? If yes, you must attach a full statement of relevant facts for all incidents. **This disclosure obligation is a continuing and mandatory one.** If any such activity should occur during the application process, or while a student at Flashpoint Academy, you are required to submit notice to the Dean of the Academy. Flashpoint Academy will take into consideration this information and in appropriate circumstances, may change the status of the applicant or student.

If you require special accommodation to be a productive Flashpoint student, please contact a Flashpoint Admissions Representative and ask about our services for students with disabilities.

FOR OFFICE USE ONLY:

ID#:

Date:

Pmt typ:

Adm Rep: