



ABC Talent Development Scholarship Grant Program Application Form

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone () _____ Fax: _____ E-mail: _____

*Proposed Project: Screenplay Video TV Script

*Genre: Comedy Drama Animation Children's Programming

Sports Themed

*If Submitting a Film/Video Project Idea, A Sample Reel Must be Included:

Video (VHS only)

*Screenplay/Video/TV Script Title: _____

*Brief Summary of Project: _____

*Length of Project: Min: _____ Sec: _____ Pages: _____ Words: _____

*Your primary responsibility on this project: Director Producer Writer

*Please check one of the following: College/University Student Graduate Student

Member Non-profit Institution

*Name of School/Institution: _____

***Required**

Application Continued

