

## VLAFF YOUTH JURY 2016 APPLICATION FORM

Name:	
Email:	
Phone:	
Age:	
Language(s):	
EDUCATION	
School:	
Program:	
Graduation Year:	
BEING PART OF T	HE YOUTH JURY
	ment to attend the film screenings (approximately 10) required for making an e winning film?
	about yourself and why you would like to be part of the VLAFF Youth Jury (in 500 nay attach your resume as supporting material.
Please name your files as	follows:
	name_Youth_Jury_VLAFF2016 ame_film_letter_Youth_Jury_VLAFF2016
Application deadline:	Friday, June 10 <sup>th</sup> 2016.