Barbara Caras Memorial Scholarship for Film Students

Barbara Caras dedicated many years to promoting quality film entertainment. This Scholarship is established in her memory to assist students majoring in areas of film in our local community.

POSTMARK DEADLINE: JULY 31st Current Year. Can Be hand delivered to either one of the theaters:

Burns Court Cinema, 506 Burns Lane, Sarasota, FL
Lakewood Ranch Cinemas, 10715 Rodeo Drive, Lakewood Ranch, FL 34202

Background Information

- Number of Awards: 5
- Amount: $2,000.00 Each
- Renewable: Yes. Must reapply
- Benefactor: Sarasota Film Society Inc.

Selection Criteria:

- Residency in Sarasota or Manatee County, Florida
- Completed at least one full year at an accredited Florida College
- Currently enrolled in one of the following majors: Film, Computer Animation, Creative Writing, Motion Design, and/or Illustration.
- Provide at least one sample of their work with application. Submit requested Essays.
- Maintain 2.75 Grade Point Average

Items to Submit:

- Essay describing yourself, including your aspirations of having a career in the film industry, the role film and cinema have influenced you on your career path. (250-500 words)
- Essay describing what area of Film is your chosen career. What other areas of film and production would you be interested in besides your current major. (150-300 words)
- Essay describing which film has most influenced your life and why? (200-350 words)
- Describe a project, experience, or person related to your career goals has most inspired you and why? (200-300 words)
- Provide at least one sample of your work in any format.

CHEKLIST: Applicants must submit all items to Sarasota Film Society, Inc. by July 31st current year. Application will be incomplete until all items are submitted.

Applicant Basic Information

- Four Essays
- Most recent transcript; Unofficial transcripts are accepted.
- Resume including work experience, any club affiliations (current or past), community service, honors & awards.

Questions should be directed to scholarship@filmsociety.org
**SCHOLARSHIP APPLICATION**

To apply, please complete the following application legibly.

**CONTACT AND HOUSEHOLD INFORMATION**

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle name/initial:</th>
<th>Last name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home phone:</th>
<th>Cell phone:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(____) -</td>
<td>(____) -</td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email address:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Female □ Male</td>
</tr>
</tbody>
</table>

County of Residence: Manatee Sarasota

**PERMANENT RESIDENCE**

<table>
<thead>
<tr>
<th>Address (Number &amp; Street):</th>
<th>Apartment/Suite:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>County (not Country):</th>
</tr>
</thead>
</table>

**MAILING ADDRESS (if different from above)**

<table>
<thead>
<tr>
<th>Address (Number &amp; Street):</th>
<th>Apartment/Suite:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip/Postal Code:</th>
</tr>
</thead>
</table>

**ACADEMIC INFORMATION**

School Currently Enrolled In:

GPA: ESTABLISHED MAJOR:

Essay Questions:

1. Essay describing yourself, including your aspirations of having a career in the film industry, the role film and cinema have influenced you on your career path. (250-500 words)
2. Essay describing what area of Film is your chosen career. What other areas of film and production would you be interested in besides your current major. (150-300 words)
3. Essay describing which film has most influenced your life and why? (200-300 words)
4. Describe a project, experience, or person related to your career goals which most inspired you and why? (200-300 words)

Sample Work:
Describe what format your sample work will be submitted as.
Publicity:
How did you hear about this Program? (Check all that apply)
College/ Career Counselor ____________________________  Other ____________________________
Internet (Please Specify search) ____________________________  Theater ____________________________
Family Friend ____________________________

Complete and Sign Below:

I, state that all of the information provided in this application is true, and, if selected as a recipient of Barbara Caras Memorial Scholarship, I agree to provide additional documentation.

Student Signature ____________________________  Date: ____________________________

Printed Student Name ____________________________