
★ IAM Student Application

Thank you for your interest in the Institute for Advanced Media.
By submitting this application, you are steps closer to making your goals a reality.

COMPLETE THE FOLLOWING

Please print, sign, and attach the following documents to complete this application. Your application is complete when all supporting documents have been submitted, including this application form. Please use the checklist below to assist you.

APPLICATION CHECKLIST

Please include copies of the following (no originals):

- Completed IAM Student Application form
- Photo Identification (ex: government-issued ID, passport, driver's license)
- Educational Verification
- Proof of Residency (If primary residence differs from address listed on photo ID)
- In Your Own Words essay questions (see below)
- Current Professional Resume (If you do not have one, please initial here: _____)
- Acknowledgment of Understanding
that successful participation in this course requires 96 total hours of class time. Please initial here: _____

IN YOUR OWN WORDS

Please answer the following questions and specifically address the course you are applying for. Answers should be about a paragraph long, and should follow a formal writing style that takes into mind grammar and spelling. All answers will be reviewed by the Program

1. Why have you chosen to apply for this course at the Institute for Advanced Media?
2. How will this course from the Institute for Advanced Media help or influence your future?
3. What is one moment in your life that stands out amongst all others? Why did you choose this moment?
4. How has this moment in time impacted your goals for the future?

FOR VETERANS OF THE U.S. ARMED FORCES, SPOUSES OF VETERANS, OR FULL-TIME CAREGIVERS,

Check below if this applies to you. Servicemembers must submit a DD 214. Spouses and caregivers must submit the servicemember's DD 214.

- I am a veteran of the U.S. Armed Forces or a spouse of caregiver of a veteran of the U.S. Armed Forces.
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SUBMIT YOUR COMPLETE APPLICATION WITH ALL REQUIRED DOCUMENTS TO:

JENNIFER WORHLE
Program Administrator

BY MAIL:
Institute for Advanced Media
1049 Asylum Avenue
Hartford, CT 06105

BY EMAIL:
jworhle@ctpublic.org

Applications must be submitted with all copies of supporting documentation from the checklist or risk an incomplete application status. An incomplete application will halt the enrollment process until all listed documentation arrives.

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GENERAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:
ADDRESS:	TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:	SOCIAL SECURITY NUMBER:	

Are you 18 years of age or older?
 Yes No

Are you a U.S. Citizen?
 Yes No

EDUCATION

HIGH SCHOOL EDUCATION

NAME OF HIGH SCHOOL ATTENDED:		
CITY:	STATE:	ZIP CODE:
GRADUATION YEAR (YYYY):	DATE OF ISSUE (MM/YY):	

Have you received an equivalency diploma or GED?
 Yes No

POST-SECONDARY EDUCATION

Please list all post-secondary institutions attended after high school.

NAME OF INSTITUTION:	CITY AND STATE:	DATES ATTENDED (MM/YY - MM/YY):	DEGREE EARNED:
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NAME OF INSTITUTION:	CITY AND STATE:	DATES ATTENDED (MM/YY - MM/YY):	DEGREE EARNED:

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MILITARY SERVICE INFORMATION (IF APPLICABLE)

I AM A (CHOOSE ONE):

- ACTIVE/RESERVE MILITARY
 VETERAN
 MILITARY SPOUSE
 MILITARY CAREGIVER

NAME OF LAST OR CURRENT UNIT:	MILITARY BRANCH:
RANK/PAY GRADE:	SKILL IDENTIFIER/TITLE/MOS:
CITY:	STATE:

Have you ever deployed to Iraq or Afghanistan?

- Yes No
 If yes, please list location and year:

Were you injured while on active duty?

- Yes No

Are you eligible for VA benefits?

- Yes No

What is your VA disability rating?

Are you the primary caregiver for a servicemember?

- Yes No
 If yes, is their disability permanent?
- Yes No

Please list other agencies or organizations providing services to the disabled veteran:

EMPLOYMENT

EMPLOYMENT STATUS

Please list up to your last three employers.

CURRENT EMPLOYER:	CITY AND STATE:	DATES EMPLOYED (MM/YY - MM/YY):	REASON FOR LEAVING:
PREVIOUS EMPLOYER:	CITY AND STATE:	DATES EMPLOYED (MM/YY - MM/YY):	REASON FOR LEAVING:
PREVIOUS EMPLOYER:	CITY AND STATE:	DATES EMPLOYED (MM/YY - MM/YY):	REASON FOR LEAVING:

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ACCOMMODATION AGREEMENT

The Institute for Advanced Media is an equal opportunity program. Individuals with disabilities may request reasonable accommodations necessary for their participation in the program.

Do you require accommodations?

Yes No

If yes, please describe the type of accommodation needed below. Please cite your needs as they apply to employment and learning. Further documentation may be required.

(Possible accommodations include: materials in alternative formats for the visually impaired, untimed assessments, wheelchair accessible workstation, etc.)

IMAGE RELEASE AGREEMENT

By signing this application, I hereby agree that Connecticut Public Broadcasting, Inc., ("Producer") may record my likeness and voice and incorporate such recordings, in whole or in part, into the Program.

I agree that as between Producer and me, Producer is the sole owner of all rights in the Program, and that Producer has the irrevocable right to edit the Program and to use any version of the Program and excerpts therefrom, including the use of my name, likeness and voice for Program packaging, promotion and publicity purposes throughout the United States and the world, in perpetuity.

My agreement and release contained herein also permits Producer to use my name, likeness and voice (or the name, likeness and voice of a minor in my care) throughout the world in perpetuity for home video, DVD, World Wide Web, video on demand, wireless technology and other visual and aural media using technologies now known or hereafter developed in which the Program or parts of the Program are used.

I expressly release Producer, its underwriters, licensees and assigns from any privacy, defamation or other claims I may have arising out of the broadcast, exhibition, publication, promotion and other uses of the Program and the footage containing my appearance therein. I represent and warrant that I have the legal right and power to grant Producer the rights granted above.

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ACKNOWLEDGMENT

I certify that the statements I have made on this application are accurate and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the Institute for Advanced Media and to such other penalties as may be prescribed by law or regulations.

I understand that this application must be submitted with the required forms and copies of supporting documentation. I understand that space is limited in the Institute for Advanced Media and that submitting an incomplete application will significantly decrease my chance of securing a program slot. I understand that completion of the application does not guarantee admission to the Institute for Advanced Media.

I understand that it is my responsibility to make positive contact with the Institute for Advanced Media Program Administrator if there are any changes to this application. I understand that I can update this information by calling (860) 278-5310 or by emailing jworhle@ctpublic.org.

STUDENT NAME:	
STUDENT SIGNATURE:	DATE:

FOR IAM USE ONLY

ADMINISTRATIVE TRACKING

STUDENT NAME:

Student has included copies of the following (no originals):

- Completed IAM Student Application form
- Social Security Card
- Photo Identification (ex: government-issued ID, passport, driver's license)
- Educational Verification
- Proof of Residency (If primary residence differs from address listed on photo ID)
- Computer Assessment
- Current Professional Resume
- Acknowledgment of Understanding

that successful participation in this course requires 96 total hours of class time. Please initial here: _____