

The TALL INSTITUTE
Grant Project in Conjunction
With
Media Bridges, Visionaries and Voices and the Down's Syndrome Association
April through November 2009
Tuesdays 3:00-6:00pm

INFORMATION AND APPLICATION

(Possible alternate and additional dates and times to follow as Media Bridges moves through their program and begins actual filming! ***The TALL INSTITUTE*** students attending the project will adhere to the Institute's schedule & have a certified teacher from ***TALL*** with them at all times.)

Fall Semester 2009
Each Tuesday
August 18th thru November 3rd

Class Details:

- **Title: "Film Outside the Lines"**
- **Day / Times: Tuesdays 3:00-6:00pm**
- **Location: Visionaries and Voices**
3841 Spring Grove Avenue
Cincinnati, Ohio 45223
- **Dates / Duration: August thru November 2009 (see above)**
- **Tuition Cost: \$240.00 for Fall Semester**

Goals of Class:

- 1.) **To empower the students with the ability to create their own media.**
- 2.) **To collaborate with individuals from other community organizations to create a short film.**
- 3.) **To provide an artistic opportunity for the students to be creative.**
- 4.) **To be a part of a documentary (that will be filmed simultaneously with the students' film) that will show the benefits of being part of such a project.**
- 5.) **To have a premiere of the film *and* enter the film into film festivals appropriate to their genre that will further enhance the experience and spread the word of the work of these media artists.**

Please send in or drop off at The TALL INSTITUTE the attached form along with your tuition payment.

Thanks so much and I am really looking forward to having your student participate in this unique and exciting opportunity.

Barb Thomas

**The TALL INSTITUTE
2009 Grant Project with Media Bridges
Application & Tuition Payment**

“Film Outside The Lines”

**Tuesdays April though November 2009
3:00-6:00pm**

Name: _____

Address: _____

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

Phone Number : _____ **E-Mail:** _____

Tuition Cost: Fall Semester: \$240.00 (August 18th thru November 3rd 2009)

- Full payment of \$240.00 enclosed**
- Cash** **Check** **Money Order**
- Credit Card (fill in information below)**

Balance to be paid at the beginning of each new session:

- \$240.00 due on August 18th 2009**

Credit Card Payment

Please charge my tuition payment in the amount of \$_____ to my credit card:

___ **VISA** ___ **Master Card** ___ **American Express** ___ **Discover**

Card Number: _____ **Expiration Date:** _____

Name on Card: _____

Signature: _____