

# Immigrant Story Telling Video Scholarship



## Scholarship entry requirements:

Participants must be ages: 16 - 26

Enrolled in High School, getting a GED or enrolled at an accredited college or university

Must be an immigrant, of immigrant parents or recent immigrant background

Must be willing to attend awards ceremony

Should be open to potentially attending 2-3 Immigrants Voice program meetings

**Register:** Starting April 15th - May 30, 2014

**Scholarships to:** 1st, 2nd, and 3rd place.

**Video length:** 2-5 minutes (over 5 min. not accepted)

Do you think you can rock a video camera? Now is your chance! The Immigrants Voice Program (IVP) has designed a scholarship for youth of immigrant background. The three winning videos should consist of a detailed, well thought, creative, persuasive story. The story should be a personal narrative about immigration to the United States, the importance of this decision, and how it has affected the future of the individual and his/her family.

Questions should be directed to Claudia Thrane, Youth Program Associate at (515) 201-3189, email: [cthrane@afsc.org](mailto:cthrane@afsc.org); or to Sandra Sanchez, IVP director, preferably at her email at [SSanchez@afsc.org](mailto:SSanchez@afsc.org) or call her at (515) 274-4851 ext. 11.

**Contest rules to be announced soon.** Emails expressing interest to participate in the contest are being accepted from April 15 to May 30 while registration form is available. Video should be submitted no later than June 30 by the end of the working day (4:30 pm).



**American Friends  
Service Committee**



**American Friends Service Committee**

*Central Regional Office*

4211 Grand Avenue · Des Moines, IA 50312 · 515/274-4851 · fax 515/274-2003 · afscdesm@afsc.org · www.afsc.org

Photo/video release authorization:

I hereby authorize the American Friends Service Committee (AFSC) and/or the AFSC Immigrants Voice Program to use my son/daughter's visual image(s) and his/her creative property developed during or as a result of his/her participation in the IVP Story-Telling Video Contest, and that from the time of registration the rights to these materials will become the proprietary copyrights of the American Friends Service Committee for their use as still photography, videotape, electronic and/or print publications, websites or any other electronic or social media. I give this consent with no claim for payment.

Print Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only for under-age participants**

( ) I do authorize AFSC to use/own only my son/daughter's contest video.

( ) I do authorize AFSC to use all image/creative property related to my son/daughter's participation in the IVP Story-Telling Video Contest

**For all participants ages 18 and older:**

( ) I do authorize the non-profit American Friends Service Committee all proprietary/copyright rights of the image or creative materials as a result of my participation in the IVP Story-Telling Video Contest.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ . I understand that this is part of my participation in the contest.

Liability Waiver: I the undersigned Parent/Legal Guardian or Participant, hereby consent to free the non-profit organization of any liability for any activities/transportation risks as a result of my participation or while participating in the American Service Committee IVP Story-telling Video Contest participants' sessions. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND ME AND I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MY SON/DAUGHTER OR MYSELF.

Parent/Guardian or Participant's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AFSC Immigrants Voice Program (IVP)  
Youth Story-Telling Video Registration**

Participant's First/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address (including zip code): \_\_\_\_\_

Print Parent/Guardian's Name (if under 18 years old): \_\_\_\_\_

Participant's phone (cell #): \_\_\_\_\_

If under 18 years old, Parent's mobile phone #: \_\_\_\_\_

Additional number to contact you, and/or Parent/Guardian: \_\_\_\_\_

Country of origin or any of the parent(s) country of origin: \_\_\_\_\_

School's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**If you are under 18 years old, please have your parent/guardian read and sign the Parental Consent here below:**

I give my child permission to participate in the AFSC Immigrants Voice Program (IVP) Youth Story-Telling Video Contest and all of the three required sessions to participate in this contest. I will commit to make sure that my son/daughter is punctually attending these sessions. I also understand that AFSC-IVP can refuse a participant's participation due to over-registration, inappropriate behavior, absence, tardiness attending the required sessions as participant(s), or any other reason related to the youth's safety and/or for liability to the AFSC-IVP. I understand that transportation needs will be accommodated if the request is made 2 weeks in advance for any of the sessions. I commit to contact Claudia Thrane, IVP's Youth Program Associate at (515) 201-3189, to request this.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be aware that participants will be required to attend at least one training session before turning in their video, and two youth leadership development sessions regarding the IVP community organizing work throughout the Spring/Summer. Underage youth will be required to get transportation from their parents or to request transportation 2 weeks in advance of each session. Please know that AFSC's staff will make sure that there will always be at least two adults present in each of the sessions, as requested by AFSC's Youth Guidelines when working with under-age youth.