



INTERNATIONAL FILM STUDIES PROGRAM (IFSAP)

APPLICATION FORM

PROPONENT'S INFORMATION

NAME: _____ PRONOUNS: _____
ADDRESS: _____
MOBILE: _____ EMAIL ADDRESS: _____
NATIONAL REGISTRY NUMBER: _____
MEMBER OF INDIGENOUS GROUP: YES NO PWD: YES NO

REQUEST DETAILS

TYPE OF REQUEST: _____
DETAILS: _____

PROGRAM INFORMATION

FESTIVAL/ORGANIZATION: _____
PROGRAM: _____
PROGRAM CLASSIFICATION: _____
COUNTRY: _____
INCLUSIVE DATES: _____

PROJECT INFORMATION

Ongoing / upcoming projects

TITLE: _____
DIRECTOR: _____
PRODUCER: _____
COUNTRY: _____

PRODUCTION COMPANY INFORMATION

COMPANY PROFILE: _____
COMPANY ADDRESS: _____
CONTACT INFORMATION: _____



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IFSAP CONFORME

By signing the Application Form herein referred to as FD-IFSAP Form No. 1, I certify that I have read and understood all rules, guidelines and terms set forth by the Film Development Council of the Philippines in the **IFSAP Program Briefer**.

I certify to submit necessary report forms within thirty (30) days after the program concluded referred to as the following:

- FD-IFSAP Form 2 or the Post-event Report Form
- FD-IFSAP Form 3 or the Talent Development Report Form

Failure to submit the requirements by the given deadline will reflect on the evaluation by the FDCP Technical Committee and possible reimbursement from our end.

Should there be force majeure, the FDCP has the right to forfeit the grant.

Signature over printed name