



Launch Pad Application

NAME: _____

ADDRESS: _____
Street Town State Zip Code

PHONE: _____ **EMAIL:** _____

WEBSITE: _____

BEST WAY TO CONTACT _____

UNIVERSITY/COLLEGE: _____

DEGREE(s) / YEAR: _____

MAJOR/MINOR: _____

MEDIA: _____

APPLICATION PROCESS

INTERVIEW

PORTFOLIO SUBMISSION / A MINIMUM OF 10 IMAGES REFERENCES:

(please list three references with contact info)

BRIEF STATEMENT ON WHY YOU WOULD LIKE TO BE A LAUNCH PAD PARTICIPANT (Please attach)

Signature _____

DATE _____