** **

**  **

**BRAZIL-FLORIDA STUDENT SCREENPLAY**

**TREATMENT COMPETITION 2018**

**APPLICATION FORM**

|  |
| --- |
| **FULL NAME:** |
| **UNIVERSITY:** |
| **UNIVERSITY ID number:** |
| **DATE OF BIRTH:** |
| **ADDRESS:** |
| **CITY:** |
| **STATE:** |
| **POSTAL CODE:** |
| **E-MAIL:** |
| **PHONE NUMBER:** |
| **TITLE OF THE TREATMENT:** |
| **LOGLINE:** |

I declare that I have read and that I accept the terms and conditions established in the Regulations of the 2018 Brazil-Florida Student Screenplay Treatment Competition.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ATTACHMENTS:

* Scanned photo ID (driver’s license, passport page, RG).
* Confirmation of active university enrollment. (attach additional page if needed)
* A script treatment, in Portuguese or English, in the following file format:

Word.doc; up to 3 numbered pages; Font: Times New Roman; Size 12; 1.5 line spacing; upper, lower, left and right margins: one inch or 2,5cm.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE ABOVE ATTACHMENTS**

**DIRECT QUESTIONS TO: Mr. Tiago Elídio, LATC Project Manager, at** [**tiago.latc@gmail.com**](mailto:tiago.latc@gmail.com)