

ONEWEST NETWORK BROADCASTING CLASS

APPLICATION

Complete this application and return it to Student Services. Give the two Teacher Recommendation forms to two of your current teachers.

NAME: _____

2021-22 GRADE LEVEL: _____

CURRENT GPA: _____

WHY DO YOU WANT TO TAKE BROADCASTING?

WHAT SKILLS/ASSETS WILL YOU BRING TO THE CLASS?

WHAT PRIOR EXPERIENCE DO YOU HAVE IN VIDEO PRODUCTION?

ARE YOU AVAILABLE TO WORK OCCASIONAL EVENTS ON NIGHTS AND/OR WEEKENDS? YES NO

