



Unit3 Action, Inc.

GRANT APPLICATION

Applicant Information

Full name:

Last

First

M.I.

Phone:

Address:

Street address

Apt/Unit #

Email:

City

State

Zip Code

Grant Applied For:

School/Program:

Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

College:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

Degree:

Other:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

Degree:

Have you received a Unit3 Action grant before?

Yes ☐

No ☐

Project Information

Project Title:

Type of Project:

(Short Film, Documentary, etc.)

Project Description:

(attach additional pages if required)

Mission Alignment

Explain how your project aligns with Unit3 Action's mission to restore and honor the greatness of American filmmaking.:

[illegible]

(attach additional pages if required)

Budget Plan

Provide a simple outline of how grant funds will be used to complete your project:

Personal Statement

Briefly describe your goals as a filmmaker and how this grant will help you achieve them:

References

Please list two professional references

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____		
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____		
May we contact your instructor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

Military Service

Branch:	_____	From:	_____	To:	_____
Rank at discharge:	_____	Type of discharge:	_____		
If other than honorable, explain:	_____				

Disclaimer and signature

By signing, I confirm that everything in this application is honest and accurate. I understand that being untruthful could cause me to lose eligibility for this grant.

Signature:	_____	Date:	_____
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Please complete the grant application in full and submit it online for review. Only applications submitted through our online system will be considered.