



**WARSAW
JEWISH FILM FESTIVAL**
WJFF.pl/en



Jerusalem Film Workshop Application Form 2017

Full Name: _____

Age: _____

E-mail: _____

Phone: _____

Where do you live (City, State, Country):

Have you ever visited Israel before?

Tell us about your previous experiences in filmmaking:

Link to your Facebook account:

Link to your professional website:

Link to a 1 min. video about yourself (Tell us why you want to be part of the program):

Link to your latest work:

Additional things you want to share about yourself and your filmmaking experiences:

The Jerusalem Film Workshop Team



www.JerusalemFilmWorkshop.com