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**THE WILLIAM F. WHITE / VILMOS ZSIGMOND  
CINEMATOGRAPHY SCHOLARSHIP**

**Office:** 416-239-5050

**Email:** [scholarships@whites.com](mailto:scholarships@whites.com)

**Website:** [www.whites.com](http://www.whites.com)

## **SCHOLARSHIP APPLICATION**

**Application Deadline: July 24, 2020**

This national scholarship is intended for students entering into their **2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup>** year of studies, as well as those in graduate studies with a passion for the art of Cinematography, and who are currently enrolled in a recognized College or University for the **September 2019 - August 2020** academic year. Students entering into their 1<sup>st</sup> year of studies are not eligible.

The student must be a citizen or permanent resident of Canada (exceptions will be made for students temporarily outside of Canada for an academic term). He or she must be enrolled in a recognized program (as per list above) within Canada or the US and major in the specific craft of Cinematography. Examples of other studies that will not qualify are (but not limited to): Directing, Writing and Producing.

Any post-secondary college, university, or private training institution that will issue an eligible tuition fee tax form will be considered. Examples include the T2202A - Tuition and Education Amount Certificate (or official receipt that contains information identical to T2202A) and Tuition Fees Certificates TL11A, TL11B, TL11C, or TL11D. For more information see [www.c CRA-ADRC.GC.CA](http://www.c CRA-ADRC.GC.CA). It is up to the applicant to prove that the program or institution is eligible under federal tax guidelines, by including the appropriate documentation from the institution.

The successful candidate will be the best all-around applicant. Academic achievement, extra-curricular activities and interests, community involvement, work experience, awards etc. will all be taken into account.

A Scholarship Committee will judge the applications. The potential recipient will be recommended to the Executive Officers of William F. White International Inc., who will award the money in two equal installments. The first installment will be paid when proof of enrollment and the 1st semester tuition receipt is presented to the committee.

The second installment will be paid after the submission of proof of continued enrollment. You will be required to submit your successfully completed first semester marks and a tuition receipt for the 2<sup>nd</sup> semester.

The decision of the Scholarship Committee and Executive Officers is final.

Students may reapply every year, with the opportunity of being awarded a scholarship **only one time**. The applicant may apply in any year of study that encompasses post-secondary or graduate studies.



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Recipients will be announced on or around September 1, 2020.

William F. White International Inc. (WFW) reserves the right to choose who the recipient is, and all decisions are final. WFW also reserves the right to change or cancel this scholarship fund as required.

## **APPLICATION GUIDELINES**

**Do not send original documents. Applications will not be returned.** Transcripts or letters of acceptance that are not available before July 24, 2020 may be forwarded to the William F. White International Inc. Toronto office no later than August 15, 2020 and will be added to the application, however the application must be submitted by July 24, 2020. Final decisions will be based on the completed package.

## **REQUIREMENTS**

The following must be included with the application:

1. Completed application including any supporting documentation
2. Copies of transcripts of latest marks (please provide last year of secondary school and all post-secondary if applicable)
3. Proof of enrollment in a tax eligible post-secondary institution or program
4. Letter of Intent (maximum 500 words) that explains why you feel that you are the best candidate to receive this scholarship.
5. Write an essay about or review of (maximum 500 words) any Vilmos Zsigmond film, discussing the cinema graphic style used. Explain how the cinematography enhances the story telling of the film by referencing technical aspects of the photography, such as lighting techniques, camera angles and exposure/coloring used that relates and enhances the Director's vision. Specific scenes within the film can be referenced. **Do not give a scene by scene narrative description of the film.**
6. Completed biography (form attached)
7. A link to at least one production on Vimeo or YouTube for which you have a visible credit as a Cinematographer, D.P. or Camera Operator.
8. Signed consent (form attached)

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All applications and supporting documents should be marked CONFIDENTIAL and sent to:

**William F. White International Inc.**  
**800 Islington Avenue, Toronto, ON M8Z 6A1**  
**Attention: Michelle Parker – Administrator, Scholarship Fund**

\*Or you can email your application with supporting documents to [scholarships@whites.com](mailto:scholarships@whites.com)



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**Website:** [www.whites.com](http://www.whites.com)

**PERSONAL INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Insurance Number

I hereby certify that the information furnished in this application is true and complete. I understand that if information is found to be incorrect, this application may be rejected and/or an award may be revoked. Decisions of the WFW Scholarship Committee and WFW Executive Board are final and I release and discharge the members of such Committee and Executive Board from any liability or obligation owed to me in respect of this application and its consideration.

**OFFICE USE ONLY**  
Assigned Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**BIOGRAPHY**

OFFICE USE ONLY

#: \_\_\_\_\_

**A. SECONDARY EDUCATION**

1. _____ Name of High School	_____ City	_____ Province	_____ Graduation Date	_____ Grade Completed
2. _____ Name of High School	_____ City	_____ Province	_____ Graduation Date	_____ Grade Completed

**B. PROPOSED POST-SECONDARY STUDIES**

1. _____ Name of Institution	_____ Location	_____ Entry Date
_____ Program	_____ Major	_____ Level (e.g. 1 <sup>st</sup> year, graduate etc.)
2. _____ Name of Institution	_____ Location	_____ Entry Date
_____ Program	_____ Major	_____ Level (e.g. 1 <sup>st</sup> year, graduate etc.)
3. _____ Name of Institution	_____ Location	_____ Entry Date
_____ Program	_____ Major	_____ Level (e.g. 1 <sup>st</sup> year, graduate etc.)

**C. ACADEMIC ACHIEVEMENTS** Attach latest transcripts and list any awards including supporting documentation):

**D. EXTRACURRICULAR ACTIVITIES** List sports, hobbies, interests, special skills, etc.:



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**BIOGRAPHY**

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**E. AWARDS AND HONOURS**

List any awards or honours received in any field (include supporting documentation):

**F. COMMUNITY SERVICE / VOLUNTEER WORK**

**NOTE: Please indicate if your volunteer work was part of the 40 hours mandatory community service required to achieve your Secondary School diploma or if it was over and above this mandatory requirement.**

1. Company/Organization Name:

---

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Were you paid? \_\_\_\_\_ Reference (name & number): \_\_\_\_\_

---

2. Company/Organization Name:

---

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Were you paid? \_\_\_\_\_ Reference (name & number): \_\_\_\_\_

---

3. Company/Organization Name:

---

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Were you paid? \_\_\_\_\_ Reference (name & number): \_\_\_\_\_



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#: \_\_\_\_\_

**G. WORK EXPERIENCE**

1. Company/Organization Name:

\_\_\_\_\_

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Reference (name and phone number): \_\_\_\_\_

\_\_\_\_\_

2. Company/Organization Name:

\_\_\_\_\_

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Reference (name and phone number): \_\_\_\_\_

\_\_\_\_\_

3. Company/Organization Name:

\_\_\_\_\_

Job Description/Activity: \_\_\_\_\_

Duration of Work (i.e. number of hours per week/month/year): \_\_\_\_\_

Reference (name and phone number): \_\_\_\_\_

\_\_\_\_\_

**H. LIST ANY OTHER INFORMATION OR EXPLANATION THAT YOU FEEL MAY ASSIST THE COMMITTEE IN JUDGING YOUR APPLICATION FOR THIS SCHOLARSHIP:**



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## SCHOLARSHIP APPLICANT CONSENT

Privacy of the personal information you have supplied on your Scholarship Application is an important part of the evaluation required to ensure the integrity of the Scholarship Program and the standards of William F. White International Inc. We are committed to collecting, using and disclosing your personal information responsibly.

Both the Scholarship Committee and the Administrator of the Scholarship Fund who come in contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They have all been apprised in the appropriate uses and protection of your information.

The Administrator and/or Scholarship Committee members will collect, use and disclose the information you have provided on your application for the following purposes:

1. To determine your eligibility for a scholarship award based on the information and references you have provided
2. Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols

By signing your consent, you have agreed that you have given your consent to the collection, use and/or disclosure of your personal information and your supplied references for the purpose of adjudicating your application for a Scholarship Award.

## CONSENT

I have reviewed the above information that explains how William F. White International Inc. will use my personal information, and the steps that William F. White International Inc. is taking to protect my information.

I agree that the Scholarship Fund Administrator and/or Scholarship Fund Committee can collect, use and disclose personal information about myself, (Please print your name) \_\_\_\_\_, as set out above in the information about the Scholarship Fund Privacy Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

**VANCOUVER**

**CALGARY**

**WINNIPEG**

**SUDBURY**

**TORONTO**

**HALIFAX**

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