



# Photography & Videography Practicum Application (pg 1)

## Section A: General Information

Athlete Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

## Section B: ALPs University Practicum Information

Date of Class: \_\_\_\_\_ Instructor(s): \_\_\_\_\_ Deadline: \_\_\_\_\_

### *Practicum Goals Completed:*

- Email your photo editing sample
- Email your video from your photos
- Post a story video
- Email your true video
- Reply to all of my instructor's emails
- Email ALPs and County Coordinator and Area Director about training using pictures, send copy to the instructors
- Email your evaluation of the Technology: Photography & Videography class

Describe what you learned during this practicum.



# Photography & Videography Practicum Application (pg 2)

## Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

## Section D: Approval

*Must be signed below:*

_____	_____	_____	_____
Signature of ALPs Athlete	Date	Signature of Mentor	Date
_____	_____	_____	_____
Signature of ALPs County Coordinator	Date	Signature of ALPs Coordinator	Date

**Please submit completed application to:**

1. [Alpsuniversity@gmail.com](mailto:Alpsuniversity@gmail.com)  
**OR**
2. Special Olympics Indiana  
6200 Technology Center Drive, Suite 105  
Indianapolis, IN 46278  
*or*  
fax (317) 328-2018