



## Digital Media 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.



## Digital Media 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:*

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

**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