

EDUCATIONAL PLUS PROGRAM APPLICATION

This innovative program allows for one copy of the film to be donated to a non-profit organization that cannot afford the non-profit organization purchase price. For every copy purchased by a university, college, or their library, one copy of the film will therefore be donated to a relevant non-profit organization in need.

ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

NUMBER

STREET

CITY

STATE

ZIP

PHONE: (____) _____ EMAIL: _____

WEBSITE: _____

WHAT IS YOUR NON-PROFIT TYPE [i.e. 501(C)(3)]? _____

ANNUAL BUDGET: \$ _____

ARE YOU BEING RECOMMENDED BY A UNIVERSITY, COLLEGE, OR LIBRARY?

IF SO, PLEASE SPECIFY NAME _____

IF NOT, HOW DID YOU LEARN ABOUT THIS PROGRAM? _____

PLEASE DESCRIBE YOUR SPECIFIC SITUATION AND CIRCUMSTANCES FOR REQUESTING A DONATED COPY OF THE FILM.

BRIEFLY DESCRIBE THE WORK OF YOUR ORGANIZATION.

HOW DO YOU ENVISION USING *THE AXE IN THE ATTIC*?

Fill out the application and mail to: Small Angst Films
216 West 89th Street, Apt 7-C
New York, NY 10024



www.theaxeintheattic.com