



## CAROLINA FILM NETWORK SHOWCASE QUESTIONNAIRE

The cultural identity of CFNS is to inclusively utilize artistic expression as a form of therapy and education. With this said, all our programming maintains the essence of personal and professional growth by showcasing work that represents the articulated personification of therapeutic Art.

Our core mission encompasses four simple factors:

- The artist advocates using Art as a form of therapy
- The artist has a desire to influence better versions of others and/or themselves
- The artist has a sense of community that aligns with our cultural identity
- The artist can articulate how their work has helped them and/or others

## PERSONAL INFORMATION

NAME:

LOCATION (CITY/STATE):

ARTIST FOCUS OF WORK:

HOW DID YOU HEAR ABOUT CFN?

HAS YOUR WORK BEEN THERAPEUTIC FOR YOUR AND/OR OTHERS' BETTERMENT? Y  N

ARE YOU A MEMBER OF CFNS? Y  N

IF SO, WHAT IS YOUR MEMBERSHIP NUMBER

ARE YOU WILLING TO DO A TALKBACK ABOUT YOUR WORK WHEN IT IS SHOWCASED? Y  N

*IN 300 WORDS OR LESS, GIVE A BRIEF DESCRIPTION ABOUT HOW YOUR WORK HAS HELPED YOU AND/OR OTHERS TO COPE WITH PERSONAL STRESS, TRAUMA, MENTAL HEALTH, AND/OR PERSONAL GROWTH:*

WOULD YOU BE WILLING TO TELL THE STORY OF YOUR PERSONAL JOURNEY TO OTHERS IN OUR COMMUNITY? Y  N

CONTACT INFORMATION:

## PRODUCT INFORMATION

MEDIUM OF WORK TO BE SHOWCASED:

IF FILM, WHAT IS THE RUNTIME?

GENRE:

*Please return completed form to [cfnnpo@gmail.com](mailto:cfnnpo@gmail.com)*

*(PRINT)*