

# THE EDITING PROGRAM APPLICATION

Attach Photo Here

## REQUIREMENTS

Attach a recent 2" by 2 1/2" color photograph of yourself in the space provided. If you are accepted into the program, this photo may be reproduced.

- Two letters of reference are required. The letters may be sent directly to the Institute.
- College transcript(s).
- An autobiography of 1,000 words about your background, highlighting any experiences that helped lead you toward a career in journalism. Include information about your work experiences. Answer the question, Why do you want to be an editor?
- An 800-word analysis of the daily newspaper you work for or read on a regular basis. Describe and evaluate its coverage of the community. How does it fulfill its journalistic responsibility as you understand that responsibility? Evaluate the editing, headlines and general appearance of the newspaper by analyzing these features in the context of the newspaper's journalistic responsibility to its readers.
- The autobiography and analysis must be typed double-spaced on 8 1/2" by 11" white paper.
- Submit the original application. Keep a copy for yourself. No application materials will be returned.

**Robert C. Maynard Institute for  
Journalism Education  
The Tribune Tower  
409 Thirteenth Street, 9th Floor  
Oakland, CA 94612  
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Web site: [www.maynardije.org](http://www.maynardije.org)**

NAME

TITLE

ORGANIZATION/NEWSPAPER

WORK ADDRESS

CITY

STATE

ZIP

WORK PHONE

FAX

E-MAIL

HOME ADDRESS

CITY

STATE

ZIP

HOME PHONE

FAX

E-MAIL

PREFERRED MAILING ADDRESS (CIRCLE): **WORK** OR **HOME**

STARTING DATE OF CURRENT JOB

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DO YOU HAVE A VALID DRIVER'S LICENSE? **YES** OR **NO**

HAVE YOU APPLIED TO THIS PROGRAM BEFORE? IF SO, WHAT YEAR?

HOW DID YOU LEARN OF THE MAYNARD INSTITUTE'S TRAINING PROGRAMS?

**APPLICATION DEADLINE: FEBRUARY 19, 2001**

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## EDUCATION

NAME, ADDRESS, CITY, STATE	DATES OF ATTENDANCE	DEGREE OR DIPLOMA	MONTH AND YEAR AWARDED	MAJOR
HIGH SCHOOL				
COLLEGE(S)				
GRADUATE, PROFESSIONAL AND OTHER TRAINING				

## EXPERIENCE

NAME & ADDRESS OF EMPLOYER (MOST RECENT FIRST)	TITLE	DATES	FULL OR PART TIME	SUPERVISOR

## REFERENCES

NAME	ADDRESS	PHONE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF SPONSORING EXECUTIVE

\_\_\_\_\_  
SIGNATURE OF SPONSORING EXECUTIVE