

Application Form for Photojournalist

Please TYPE or PRINT clearly all information
Only two Students allowed as Photojournalists

Name of Occupational Center: _____

Address: _____ Phone#: _____

_____ Fax#: _____

Hotel that the student(s) will be staying at: _____
(If known. If not, contact me when you find out)

Name of Student's Lead Advisor _____

Lead Advisor's Email Address _____

Cell Phone Number _____

Student's Name(s): 1. _____
2. _____

*The above-named students are enrolled in a CTE program and have the basic skills necessary to serve as a photojournalist. I will also ensure that the above students will review and understand the follow-up material **before** they arrive; and will strive to maintain the highest professional conduct during this event.*

Signature of Leader Advisor: _____

Signature of Class Instructor: _____

Return this form to: Kate Weston

Email: kateweston@ulsterboces.org

Form must be emailed by: APRIL 8, 2026

**Please print the "DUTIES AND RESPONSIBILITIES" PACKET
that can also be found on the website.**