



CME Audio Storytellings Application

Please use this form to prepare your answers when applying for MNN x CME Audio Storytelling Fellowship Program. All responses must be submitted online.

GENERAL INFORMATION

Full Name _____ Email _____

Mobile Phone _____ Date of Birth _____

Occupation _____

Home Address _____

City _____ Borough/County _____

FELLOWSHIP PROPOSAL

Please complete the following section in detail. We recommend reviewing existing episodic audio stories [HERE](#) before submitting your proposal details.

Project Type

Please indicate if your proposed podcast is a fiction or non-fiction program.

Project Audience

Tell us about who you think the audience is for your project.

Project Description

Please describe your proposed fellowship projects in 100 words or less. Please be as detailed as possible.



APPLICANT BACKGROUND

About Storyteller

Why are you the person to produce this project? Discuss your connection to the topic. Do you have any special connection to the subject you are covering?

Favorite Podcasts

List a few of your favorite podcasts.

Project Links

Share any links to past or current projects.



DEMOGRAPHIC INFORMATION

Inclusion and privacy are important to us; we will only use this information to monitor and evaluate diversity within our program offerings.

Race

Please select the racial category/categories with which you most closely identify.

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Are you of Hispanic, Latino, or of Spanish origin?

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Family Income Level

Please select the range of your family's estimated annual income. Inclusion and privacy are important to us; we will only use this information to monitor and evaluate diversity within our program offerings.

Gender Identity

Please select the option that best reflects your gender identity. Inclusion and privacy are important to us; we will only use this information to monitor and evaluate diversity within our program offerings.

Program Commitment

Check this box to confirm that you will commit to this program if accepted.