

FilmSchoolSF

SAN FRANCISCO SCHOOL OF DIGITAL FILMMAKING

155 SANSOME STREET, 2ND FLOOR, SAN FRANCISCO, CA 94104
PH:(415) 824-7000 | FAX:(415) 824-7007

APPLICATION FOR ADMISSION

All applications are assessed for qualifications in relation to the academic and creative demands of FilmSchoolSF's programs.

() Digital Filmmaking Program – 2017 (12-Months): Start: May 15th and September 5th

- Day Program: Monday through Thursday 10:00am - 5:00pm

() Digital Filmmaking Program – 2017 (18-Months): Start: May 15th and September 5th

- Evening Program: Monday through Thursday 6:30pm - 9:30pm & every other Saturday 10am-5pm

Tuition cost: \$31,200

STUDENT INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	
Driver's License	Date of Birth	Country of Birth	Country of Citizenship	
Permanent Street address	City	State	Zip	Country
Local Street address	City	State	Zip	Country
Home Phone	Cell Phone		E-mail Address	
Current Occupation	Current Place of Employment			

EMERGENCY CONTACT INFORMATION

Name	Relationship
Telephone Number (evening)	Telephone Number (day)

CITIZENSHIP

- I am a citizen of the United States
- I am a resident of the United States and a citizen of _____
- I am an international student and a citizen of _____

If you are currently living in the US with an international visa, please list the type of visa below (i.e. student or tourist)
_____, expiration date ____/____/____

If you already have a student Visa, please indicate the name and address of the last school you were authorized to attend:

School	City	State	Zip
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EDUCATIONAL BACKGROUND

Name of School and Address	Attended (from – to)	Graduation Date	Degree
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Name of School and Address	Attended (from – to)	Graduation Date	Degree
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PROFILE

On a separate sheet of paper please include an essay (1-2 pages) containing a brief personal history, the inspiration behind your desire to study at FilmSchoolSF, the skills and experience you would like to acquire, and why you think this program is right for you. This part of your application is very important to the admissions process and will be a key factor to your potential acceptance.

LETTER OF RECOMMENDATION

Please provide a letter of recommendation that includes reference contact information and their relation to you (instructor, advisor, employer, or friend). The person you list does not need to be in a position that relates to the program to which you are applying. We are looking for a character reference. Please advise your reference that an Admissions Representative may contact them.

Name	Relationship	Phone Number	Email
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APPLICATION PAYMENT

Enclose a non-refundable \$45 USD Application Fee. A \$75 USD non-refundable Registration Fee will be required upon acceptance and registration in FilmSchoolSF's Digital Filmmaking Program. Please make checks payable to: SF School of Digital Filmmaking

Check or Money Order

Credit Card Type: _____ (Please note there is service fee of 3% for credit payments over \$100)

Card #	Exp. Date:	Security Code (on back)
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Name and Billing Address exactly as it appears on your statement

APPLICATION CHECKLIST

- Completed application for admission
- Profile
- Letter of Recommendation
- \$45 USD non-refundable application fee
- High School or college transcripts or G.E.D. score report or copy of High School Diploma
- DD Form 214 and most recent VA Certificate of Eligibility (Veterans Only)

FINANCIAL AID

FilmSchoolSF provides financial counseling to assess your financial needs. Please contact your Admissions Representative and set up an appointment with a Financial Advisor to discuss in detail.

FILMSCHOOLSF ADMISSIONS DEPARTMENT CONTACTS

Alfretta Clark, Admissions Director, 415-824-7000 or admissions@filmschoolsf.com

Please mail, fax or email your application packet that includes: your completed application, profile, letter of recommendation, \$45.00 USD non-refundable application fee and your transcripts to:

Mail: SF School of Digital Filmmaking Admissions, 155 Sansome Street, 2nd Floor, San Francisco, CA 94104

Fax: (415) 824-7007 Email: admissions@filmschoolsf.com

SIGNATURE AND DATE

I certify that the information that I have provided on this application is true and correct to the best of my knowledge.

Student Signature	Print Name	Date
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