

SAN FRANCISCO FILM SCHOOL

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.

SHORT FILM WORKSHOP / 5-WEEK SCHEDULE

Day Schedule: Monday-Thursday, 10am-4pm

Start Date: () June 18th, 2018 () July 23rd, 2018

Tuition cost: \$3,395

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 CONTAC	CT INFORMATION				
Name		Relationship			
Γelephone Number (evening)			Telephone Number (day)		

APPLICATION CHECKLIST

- () Completed application for admission
- () Profile
- () \$45 USD non-refundable application fee

Student Signature

Date

PROFILE

On a separate sheet of paper please include a one-page profile 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 class is right for you.

<u>REFERENCE</u>				
Please provide one reference below. The are applying. Please advise your reference below.	person you list does not ne rence that an Admissions F			m to which you
Name	Relationship	Phone Number	Email	
APPLICATION PAYMENT				
Enclose a non-refundable \$45 USD Appl acceptance and registration in FilmSchoo () Check or Money Order				
() Credit Card Type:		(Please note there is s	ervice fee of 3% for credit pa	yments over \$100)
Card #	Exp. Date:	Security Coo	de (on back)	
Name and Billing Address exactly as it appears on	your statement			
FILMSCHOOLSF ADMISSIONS DE	PARTMENT CONTACT	<u>'S</u>		
Alfretta Clark, Admissions Director, 415-	824-7000 or admissions@	filmschoolsf.com		
Please mail, fax or email your application refundable application fee and your transc	packet that includes: your		, profile, and \$45.00 US	SD non-
Mail: San Francisco Film School Admis Fax: (415) 824-7007 Email: admiss	ssions, 155 Sansome Streetions@filmschoolsf.com	et, 2 nd Floor, San Fran	cisco, CA 94104	
SIGNATURE AND DATE				

Print Name

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