

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.

6-MONTH DOCUMENTARY FILMMAKING PROGRAM

Schedule: Mondays, 6:30-9:30pm and every other Saturday, 10am-5pm

Start Dates: () January 22nd, 2018 () April 14th, 2018

Tuition cost: \$6,850

STUDENT INFORMATION

Last Name	First Name	Middle Initial	S	ocial 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)				
APPLICATION CHECKL () Completed applicati () Profile () Project Description () \$45 USD non-refund	<u>-</u>					

PROFILE

On a separate sheet of paper please include a one-page profile containing a brief personal history, the skills and experience you would like to acquire, and why you think this class is right for you.

PROJECT DESCRIPTION

On a separate sheet of paper, include a 1-2 page project description that answers the following questions:

- 1) A brief summary of your proposed film project. Feel free to support your summary with research, photographs, or footage, if you have them.
- 2) What is the current status of your project?
- 3) What is the main theme or subject of the project?
- 4) What attracted you to this theme or topic?
- 5) What is the goal of your film?

REF	ERE	NCE
-----	-----	-----

Please provide one reference below. The p are applying. Please advise your reference				am to which you
Name	Relationship	Phone Number	Email	
APPLICATION PAYMENT				
Enclose a non-refundable \$45 USD Applicacceptance and registration in FilmSchools School () Check or Money Order				
() Credit Card Type:		(Please note there is s	service fee of 3% for credit pa	ayments over \$100)
Card #	Exp. Date:	Security Co	de (on back)	
Name and Billing Address exactly as it appears on y	our statement			
FILMSCHOOLSF ADMISSIONS DEP.	ARTMENT CONTACT	<u>S</u>		
Alfretta Clark, Admissions Director, 415-8 Please mail, fax or email your application of USD non-refundable application fee and y Mail: San Francisco Film School Admiss Fax: (415) 824-7007 Email: admission	packet that includes: your our transcripts to:	completed application	,1 ,1 ,	ption, and \$45.00
SIGNATURE AND DATE				
I certify that the information that I have provide	ed on this application is true	and correct to the best of	my knowledge.	
Student Signature	Print N	Vame	Date	