

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 () July 28th, 2018

Tuition cost: \$6,850

STUDENT INFORMATION

Last Name	First Name	Middle Initial	S	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	T INFORMATION				
Name			Relationship		
Telephone Number (evening)			Telephone Number (day)		
<u>APPLICATION CHECK</u> () Completed applica () Profile () Project Description	tion for admission				

() \$45 USD non-refundable application fee

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?

REFERENCE

Please provide one reference below. The person you list does not need to be in a position that relates to the program to which you are applying. Please advise your reference that an Admissions Representative may contact them.

Phone Number

APPLICATION PAYMENT

Enclose a non-refundable \$45 USD Application Fee. A \$55 USD non-refundable Registration Fee will be required upon acceptance and registration in FilmSchoolSF's Documentary Filmmaking Program. Please make checks payable to: SF Film School

Relationship

() Check or Money Order () Credit Card Type:

(Please note there is service fee of 3% for credit payments over \$100)

Email

Card #

Exp. Date:

Security Code (on back)

Name and Billing Address exactly as it appears on your statement

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, project description, and \$45.00 USD non-refundable application fee and your transcripts to:

Mail: San Francisco Film School 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