

# FilmSchoolSF

## SAN FRANCISCO FILM SCHOOL

155 SANSOME STREET, 2<sup>ND</sup> 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:**  October 14<sup>th</sup>, 2017     April 14<sup>th</sup>, 2018

**Tuition cost: \$6,850**

#### 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)	

#### APPLICATION CHECKLIST

- Completed application for admission
- Profile
- Project Description
- \$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.

---

Name	Relationship	Phone Number	Email
------	--------------	--------------	-------

**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

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)
--------	------------	-------------------------

---

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](mailto: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, 2<sup>nd</sup> Floor, San Francisco, CA 94104

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