

SAN FRANCISCO FILM SCHOOL

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

APPLICATION FOR ADMISSION 2018

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

() Associate in Applied Science - Digital Filmmaking (16-Months) Monday through Thursday 10:00am - 5:00pm **Start Date**: () September 4th () October 22nd

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	C	urrent Place of Employment			
EMERGENCY CONTAC	T INFORMATION	Ro	elationship		
Telephone Number (evening) CITIZENSHIP		Telephone Number (day)			
O I am an internation If you are currently living in	he United States and a citize al student and a citizen of _ the US with an internation , expiratio	al visa, please list the type on date / /	of visa below (i.e	student or tourist)	
School	City		State	Zip	

EDUCATIONAL BACKGROUND

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

APPLICATION PAYMENT

Enclose a non-refundable \$45 USD Application Fee (\$10 for veterans and early deadline applications). A \$55 USD non-refundable Registration Fee will be required upon acceptance and registration in the Associate of Applied Science in Digital Filmmaking Program. Please make checks payable to: San Francisco Film School

() Check or Money Order

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J	ssing ice it	ssing ice ioi credit payment

Card # Exp. Date: Security Code (on back)

Name and Billing Address exactly as it appears on your statement

APPLICATION CHECKLIST

- () Completed application for admission
- () Complete application for federal financial aid (FAFSA)
- () Profile
- () Letter of Recommendation
- () \$45 USD (\$10 for veterans and early applicants) 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

Go to www.fafsa.ed.gov to complete the current Free Application For Federal Student Aid (FAFSA) online. When filling out the FAFSA, be sure to include our school facility code (042340) or school name when asked which institutions you wish to receive your application. You may contact the San Francisco Film School Financial Aid office with any questions regarding your FAFSA at: info@filmschoolsf.com

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, 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

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