



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

APPLICATION FOR ADMISSION - DIGITAL FILMMAKING PROGRAMS

All applications are assessed for qualifications in relation to the academic and creative demands of the program.

Program: (choose one)

Associate of Applied Science in Digital Filmmaking

Professional Certificate in Digital Filmmaking

Continuing Education

Start Dates: (choose one)

January 8, 2024 **February 20, 2024** **May 6, 2024**

June 17, 2024 **September 3, 2024** **October 21, 2024**

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)

CITIZENSHIP

I am a citizen of the United States

I am a resident of the United States and a citizen of _____

I am an international student and a citizen of _____

If you are currently living in the US with an international visa, please list the type of visa below (i.e. student or tourist)

_____, expiration date ____/____/____

If you already have a student Visa, please indicate the name and address of the last school you were authorized to attend:

School	City	State	Zip
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EDUCATIONAL BACKGROUND

Name of School and Address	Attended (from – to)	Graduation Date	Degree
Name of School and Address	Attended (from – to)	Graduation Date	Degree

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 San Francisco Film School, 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.

COLLEGE TRANSCRIPTS

Please provide a copy of your most recent college transcripts.

APPLICATION PAYMENT

Enclose a non-refundable \$45 USD Application Fee (\$10 USD for veterans and transfer students). 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

Credit Card Type: _____

Card #	Exp. Date:	Security Code (on back)
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Name and Billing Address **exactly as it appears on your statement**

APPLICATION CHECKLIST

- Completed application for admission
- Complete application for federal financial aid (FAFSA - for those eligible)
- Profile
- College transcripts (if applicable)
- 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: finaid@sanfranciscofilmschool.edu

SF FILM SCHOOL ADMISSIONS DEPARTMENT CONTACTS

Alfretta Clark, Director of Admissions, 415-824-7000 or admissions@sanfranciscofilmschool.edu

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 Dept., 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