



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.

() Professional Certificate in Digital Filmmaking (12-Months)

Day Program: Monday through Thursday 10:00am - 5:00pm

Start Date () September 4th () October 22nd

() Professional Certificate in Digital Filmmaking (16-Months EVENING schedule)

Evening Program: Monday through Thursday 6:30pm - 9:30pm and every other Saturday from 10:00am - 5:00pm

Start Date: () June 18th () October 22nd

STUDENT INFORMATION

Form with fields: 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, Home Phone, Cell Phone, E-mail Address, Current Occupation, Current Place of Employment

EMERGENCY CONTACT INFORMATION

Form with fields: 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:

Form with fields: 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
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APPLICATION PAYMENT

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

Check or Money Order

Credit Card Type: _____ (There is a 3.5% processing fee for credit payments over \$1,000)

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)
- Profile
- Letter of Recommendation
- \$45 USD (\$10 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