

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 SF Film School's programs.

## SHORT FILM WORKSHOP / 3-MONTH SCHEDULE

Schedule: Saturdays, 10am-5pm 2023 Start Dates: () February 18 () May 27 () August 19

Tuition cost: \$3,395

## **STUDENT INFORMATION**

Last Name	First Name	Middle Initial	Social Security Number		
East Ivalie	That Name	winder initial	L.	ociai Security Ivanioci	
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	Cı	Current Place of Employment			
EMERGENCY CONTAC	T INFORMATION				
Name		Relationship			
Telephone Number (evening)		Telephone Number (day)			
<u>CITIZENSHIP</u>					
O I am a citizen of the	e United States				
O I am a resident of the	he United States and a citize	en of			
O I am an internation	al student and a citizen of				
If you are currently living in		al visa, please list the type on date / /	of visa below (i.e	. student or tourist)	
If you already have a studen			school you were	authorized to attend:	
School	City		State	Zip	
SF Film School 2021 Applicati	on			Page 2	

## **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 padesire to study at San Francisco Film School, the skills and is right for you. This part of your application is very importance.	experience you would like to acqu	uire, and why you th	nink this program
COLLEGE TRANSCRIPTS			
Please provide a copy of your most recent college transcript	ts.		
APPLICATION PAYMENT			
Enclose a non-refundable \$45 USD Application Fee (\$10 URegistration Fee will be required upon acceptance and regist Program. Please make checks payable to: <i>San Francisco F.</i> () Check or Money Order () Credit Card Type:	stration in the Associate of Applie		
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 () College transcripts (if applicable)			
() DD Form 214 and most recent VA Certificate of Eligi	ibility (Veterans Only)		
FINANCIAL AID  Go to <a href="https://www.fafsa.ed.gov">www.fafsa.ed.gov</a> to complete the current Free Appli FAFSA, be sure to include our school facility code (042340 your application. You may contact the San Francisco Film Sat: <a href="maid@sanfranciscofilmschool.edu">finaid@sanfranciscofilmschool.edu</a>	)) or school name when asked whi	ch institutions you	wish to receive
SF FILM SCHOOL ADMISSIONS DEPARTMENT CO	<u>ONTACTS</u>		
$Alfretta\ Clark, Director\ of\ Admissions, 415-824-7000\ or\ \underline{aa}$	· ·		
Please mail, fax or email your application packet that include refundable application fee and your transcripts to:	des: your completed application, p	rofile, letter of reco	mmendation, non-
Mail: San Francisco Film School, Admissions Dept., 155 Fax: (415) 824-7007	Sansome Street, 2 <sup>nd</sup> Floor, San	Francisco, CA 941	04
SIGNATURE AND DATE			
I certify that the information that I have provided on this application	on is true and correct to the best of my	knowledge.	

Print Name

Date

Student Signature