

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 / 5-WEEK SCHEDULE

Schedule: Monday & Wednesdays, 10am-5pm

2023 Start Dates: ( ) June 12, 2023 () July 17, 2023

Tuition cost: \$3,395

## STUDENT INFORMATION

Last Name	First Name	Middle Initial	S	Social Security Number Country of Citizenship		
Driver's License	Date of Birth	Country of Birth	C			
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	Re	elationship			
Telephone Number (evening) CITIZENSHIP		Telephone Number (day)				
	he United States and a citize al student and a citizen of the US with an internation , expiratio	n date / /	of visa below (i.e	. student or tourist)		
II you already have a studen	it visa, piease indicate the n	ame and address of the last	school you were	authorized to attend:		
School	City		State	Zip		

## EDUCATIONAL BACKGROUND

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

#### 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)

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, nonrefundable 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