

SUMMER PROGRAM APPLICATION 2008

**ALL APPLICATIONS
MUST BE RECEIVED BY
FEBRUARY 4, 2008**

Send application by mail to: Pilchuck Glass School, 1201 - 316th Street NW, Stanwood, WA 98292-9600, or fax to 360-445-5515
Send materials by e-mail to: registrar@pilchuck.com

APPLICANT INFORMATION PLEASE PRINT CLEARLY!

Last Name (use line above) First Name Middle

Street Address

City State Zip or Postal Code Country

1. () 2. ()
Two Best Phone Numbers (Indicate Work, Home or Cell) E-mail **REQUIRED**

REQUIRED Alternate contact: _____
Relationship/Name Daytime Phone

BACKGROUND INFORMATION

Highest Degree / College or Univ.

Field of Study

Current Occupation

Languages you speak

**HOUSING INFORMATION
REQUIRED**

Birthdate: (mm/dd/yyyy) REQUIRED

Male Female Smoker? _____

Dormitory Cottage

Special Needs?

Roommate name?

STUDENT CLASS CHOICES (prioritize by instructor)

1) _____

2) _____

3) _____

Check **IF** you want to attend MORE than 1 session.

TA/AA CHOICES (prioritize by instructor or artist)

1) _____

2) _____

3) _____

If I am **NOT** accepted as TA/AA:
 I still would like to apply to be a student
OR
 Please withdraw my application.

AA ONLY: I have been to Pilchuck before as: student TA/AA staff instructor ____ yr

TA/AA CHECKLIST

I am sending by e-mail:
 5 images (.jpg)
 Image description sheet
 Current bio or résumé

NEW! REQUIRED FOR ALL APPLICANTS! STATEMENT OF INTEREST & EXPERIENCE (see above)

SCHOLARSHIP APPLICANT CHECKLIST

I am sending by e-mail: 5 images (.jpg) Statement of financial need
 Image description sheet

If I am **NOT** awarded a scholarship: I will be able to pay to attend **OR**
 Please withdraw my application.

I am a nominee for: Corning Award Saxe Award

I am **eligible for a special scholarship** from list on previous page. (list **all** that apply):

Partner Institution name: _____

APPLICATION FEE (please print clearly)

I have enclosed a check **OR** Please charge the US\$35 fee to my credit card:
 MasterCard VISA American Express

Number: _____ Expires: _____

EXACT Name on card: _____

Authorization number from back (Visa/MC) or front (AMEX) of card: _____

REMINDERS
If outside the US or Canada,
allow 3 weeks for delivery.
Mail in plenty of time to
meet the deadline!

**FOR ASSISTANCE
CONTACT THE REGISTRAR,
TRICIA WATSON
360-445-3111 ext. 29
registrar@pilchuck.com**

FOR OFFICE USE ONLY

DATE of Application _____

E-mails received: Student app. _____ TA/AA app. _____

Acceptance confirmed: _____

Missing information: _____

Contacted: _____