

**SAN FRANCISCO SCHOOL OF DIGITAL FILMMAKING**

925 MISSION STREET #108, SAN FRANCISCO, CA 94103 (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 SFSDF's programs.

**( ) Digital Filmmaking One-Year Intensive Program Summer 2011:** Start: May 16, 2011

- Day Program (12 Months): Monday – Thursday 10 AM – 4 PM
- Night Program (15 Months): Tuesday, Wednesday, Thursday 6:30 PM – 10 PM + Every other Saturday 10 AM – 4 PM

**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**

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Name of School and Address	Attended (from – to)	Graduation Date	Degree
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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 SFSDF, the skills and experience you would like to acquire and why you think this SFSDF program is right for you. This piece of your application is very important to the admissions process and will be a key piece to your potential acceptance.

**LETTER OF RECOMMENDATION**

Please provide a letter of recommendation with their contact information, their relation to you (instructor, advisor, employer, or friend) and contact information. The persons 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 Advisor may contact them.

	(    )		
Name	Relationship	Phone Number	Email

**APPLICATION FEE**

The San Francisco School of Digital Filmmaking charges a \$45.00 USD non- refundable application fee to submit your application for admissions. Please enclose a check or money order for \$45.00 USD with your application made payable to SFSDF. If your check is not received with your application we cannot process your application.

**APPLICATION CHECKLIST**

- ( ) Completed application for admission
- ( ) Profile
- ( ) Letter of Recommendation
- ( ) \$45 non-refundable application fee
- ( ) High School or college transcripts or G.E.D. score report or copy of High School Diploma

**FINANCIAL AID**

SFSDF provides Financial Counseling to assess your financial needs. Please call in and set up an appointment via phone or in person to discuss in detail.

**SFSDF ADMISSIONS DEPARTMENT CONTACTS**

Asha Menghrajani, Admissions Representative, 415-824-7000 ext. 308 or [asha@sfdigifilm.com](mailto:asha@sfdigifilm.com)

Please mail your application packet that includes: your completed application, profile, letter of recommendation, \$45.00 USD non-refundable application fee and your transcripts to:

**SFSDF Attn: Admissions, 925 Mission Street #108, San Francisco, CA 94103**

**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.

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Student Signature	Print Name	Date
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