

Bard College at **SIMON'S ROCK**



Virtual Young Writers Workshop
National Writing and Thinking Network
www.simons-rock.edu/young-writers

Co-Directors

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Young Writers Workshop
Bard College at Simon's Rock
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APPLICATION for Virtual YWW
Single-Genre Writing Workshops

**(The application should be typed or neatly printed, returned by email,
and must be completed by the applicant rather than a family member)**

Date (Month/Day/Year format):

Full Name of Applicant:

Name Applicant Wishes to be Called:

Home Address (remember the zip/postal code)

Cell Phone:

Applicant's Email Address:

Parent/Guardian Name:

Parent Email:

School Name:

School Address:

Current Year in School (9th, 10th, 11th, 12th)

How did you hear about Virtual YWW?

- | | |
|--|--|
| <input type="checkbox"/> Simon's Rock website | <input type="checkbox"/> School guidance counselor |
| <input type="checkbox"/> Parent or guardian | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> From a previous participant | <input type="checkbox"/> Other |

Which Workshop Session Do You Prefer:

- Dramatic Writing for Stage & Film (February 20–23)
- Short Fiction (February 20–23)
- Creative Non-Fiction (April 22–25)
- Poetry (April 22–25)

What other summer writing programs, if any, have you attended?

What do you hope to get out of this workshop? (Please write 3–5 sentences, so we get a sense of you as a writer.)

Student and Parent/Guardian Signatures

The Virtual Young Writers Workshop strives to be an academic community in which students are active and engaged learners, while demonstrating honesty and integrity, and taking responsibility for their actions. By signing this form, the applicant and parent attest that the information contained in this application is complete, factually accurate, and honestly presented, and that the student is prepared to write during the workshop, share their in-progress work, and to provide and receive supportive feedback from the group. The applicant agrees to contact the Young Writers Workshop should any information contained herein change once the application is submitted.

Applicant Signature

Date

Parent/Guardian Signature

Date

RETURN YOUR COMPLETED APPLICATION BY EMAIL