

Co-Directors
Anna Dolan & Emily Miller Mlcak
Young Writers Workshop
Bard College at Simon's Rock
yww@simons-rock.edu

APPLICATION

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

Date _____
MONTH DAY YEAR

Applicant's Name _____
LAST FIRST MIDDLE

Home Address _____
NUMBER AND STREET / P.O. BOX NUMBER CITY STATE ZIP CODE

Home Phone () _____ Cell Phone () _____
AREA CODE AREA CODE

Date of Birth _____
MONTH DAY YEAR

E-mail Address _____ Parent/Guardian E-mail Address _____
(Please list an e-mail address that you check regularly, and be sure to include the Director's e-mail address in your address book or contacts)

School Name _____

School Address _____
NUMBER AND STREET CITY STATE ZIP CODE

Current Year in School: Ninth Tenth Eleventh

Academic Interests _____

Extracurricular Interests _____

Name and school e-mail address of the teacher from whom you have requested a letter of support:

NAME EMAIL ADDRESS

How did you first hear of the Young Writers Workshop? (check as many as apply)

- Simon's Rock website
- Parent or guardian
- From a friend
- From a previous participant (name and year: _____)
- Other (please specify: _____)
- School guidance counselor
- Teacher (academic area: _____)
- Internet search

Are you applying for financial assistance?
Are you applying for the Dorothy West Scholarship?

Please note that the deadline for financial assistance, including application to the Dorothy West Scholarship is March 15th.

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

Student and Parent/Guardian Signatures

The summer 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's writing sample represents their own work and has not been edited by others. 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

Reflective Writing

(to be completed on separate pages)

To help us know more about you as a writer, we would like you to tell a true, personal story of a time when words, whether written or spoken, sung or performed, have been meaningful for you.

Please note that this doesn't have to be the most meaningful time (how to make such a choice is undoubtedly difficult), but it must be a particular time.

Your story should be written in prose, not as a poem, typed, and should be in the range of 500 to 700 words (though longer pieces are acceptable).

RETURN YOUR COMPLETED APPLICATION
BY EMAIL
yww@simons-rock.edu