

155 SANSOME STREET, 2<sup>ND</sup> FLOOR, SAN FRANCISCO, CA 94104 PH:(415) 824-7000 | FAX:(415) 824-7007

# **APPLICATION FOR ADMISSION - DIGITAL FILMMAKING PROGRAMS**

All applications are assessed for qualifications in relation to the academic and creative demands of the program.

Program: (choose one)

( ) Associate of Applied Science in Digital Filmmaking
( ) Professional Certificate in Digital Filmmaking
( ) Continuing Education
Start Dates: (choose one)
( ) January 13, 2025 ( ) March 3, 2025 ( ) May 12, 2025
( ) June 30, 2025 ( ) September 8, 2024 ( ) October 27, 2025

Last Name	First Name	Middle Initial	C	a aigl Canyaity Nyamban
Last Name	First Name	Middle initial	2	ocial 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	C	urrent Place of Employment		
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# Name of School and Address Attended (from – to) Graduation Date Degree Name of School and Address Attended (from – to) Graduation Date Degree 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

## **COLLEGE TRANSCRIPTS**

acceptance.

Please provide a copy of your most recent college transcripts.

### APPLICATION PAYMENT

Enclose a non-refundable \$45 US	SD 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 pa	yable to: <b>San Francisco Film Sch</b>	nool
() 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 <a href="www.fafsa.ed.gov">www.fafsa.ed.gov</a> 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: <a href="mailto:finaid@sanfranciscofilmschool.edu">finaid@sanfranciscofilmschool.edu</a>

### SF FILM SCHOOL ADMISSIONS DEPARTMENT CONTACTS

Alfretta Clark, Director of Admissions, 415-824-7000 or <u>admissions@sanfranciscofilmschool.edu</u>

Please mail, fax or email your application packet that includes: your completed application, profile, letter of recommendation, non-refundable application fee and your transcripts to:

Mail: San Francisco Film School, Admissions Dept., 155 Sansome Street, 2<sup>nd</sup> 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