

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

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

APPLICATION for Virtual YWW Writing the College Application Essay

(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 (11th, 12th)

How did you hear about Virtual YWW?

🗌 Simon's Rock website	School guidance counselor
Parent or guardian	☐ Teacher
🗌 From a friend	Internet search
🗌 From a previous participant	☐ Other

Which Workshop Session Do You Prefer:

□ An Intensive Weekend – September 20–22

- □ Tuesday Evenings (5 sessions, starting September 10)
- □ An Intensive Weekend December 6–8
- □ Tuesday Evenings (5 sessions, starting November 12th)

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 inprogress 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

Parent/Guardian Signature

RETURN YOUR COMPLETED APPLICATION BY EMAIL

Date

Date