

SEND TO: Young Writers Workshop
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230

FOR INFORMATION: Jamie Hutchinson
Workshop Director
Phone: 413-528-7231
email: jamieh@simons-rock.edu

FINANCIAL/SCHOLARSHIP SUPPORT

Return this form with the rest of your application

The National Writing and Thinking Network expects that most participants will pay the full tuition of the Workshop they attend. Some programs, however, may be able to provide modest financial support. Since these awards will be made at the same time as workshop admission, we need to know whether you would need financial assistance in order to attend. (This will not affect your acceptance into the program.)

- No, I will not need financial aid or scholarship support.
- Yes, if available, I would like to seek financial aid or scholarship support in order to attend.

If you wish to be considered for financial aid or scholarship support, please have your family provide the following information:

Family adjusted gross income as reported on your current Federal Income Tax form(s): _____

Family total taxable income after deductions: _____

If the applicant's parents are separated or divorced,
please indicate the annual income of the non-custodial parent: _____

Please list the amount of child support received each month by the custodial parent: _____

Combined savings and investments: _____

List colleges or private schools in which family members are currently or will be enrolled next year:

Family financial commitments for education anticipated in the coming year: _____

Estimate of the minimum financial aid or scholarship support needed to attend the workshop: _____

List other sources of financial aid available to you, including relatives, school district funds and awards, service organization support, religious congregation assistance, etc.:

Mother's Occupation: _____ Father's Occupation: _____

We affirm that the financial information above provides a complete and accurate picture of our family's financial resources as well as our needs for aid or scholarship assistance.

Signature of parent or guardian _____ Date _____

Signature of applicant _____ Date _____

Please feel free to make any additional comments which you think would be helpful:

BARD COLLEGE AT SIMON'S ROCK

Young Writers Workshop

National Writing and Thinking Network

SEND TO: Young Writer's Workshop
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230-9702

For information: Jamie Hutchinson
Workshop Director
Phone: 413-528-7231
Fax: 413-528-7365

TEACHER'S LETTER OF SUPPORT

Please return within one week

This portion to be completed by the applicant and the applicant's parent or guardian.

Applicant name

Last

First

Middle

Under the provisions of the Family Education and Privacy Act of 1974, the parents or guardians of applicants under the age of eighteen may decide whether letters of reference written at the request of the applicant are to be held confidential or whether they are to be available for personal inspection. If the applicant is eighteen years of age or older, then the decision is the applicant's.

Check one of the following statements and have both signatures in the spaces provided so that the teacher supporting your application will be advised of your choice:

- Confidential file. I grant permission for this letter of support to be held confidential by the specific Workshop to which I am applying.
- Open file. I retain the choice of having this letter of support available to me.

Signature of parent or guardian

Signature of applicant

This portion to be completed by the teacher.

We would appreciate your detailed and candid profile of this applicant. With your help, we are looking for students with a range of academic backgrounds and writing experience, but particularly those with sound verbal skills and a demonstrated interest in the link between writing and thinking. In building a successful summer program, we rely heavily on your thoughts about this applicant. Thank you for your help, and we look forward to the chance to work with your student, based on your insights.

1. Please comment on the applicant's academic abilities and attitudes, including the potential to benefit from participating in a peer writing community and the ability to work independently.

Please answer the questions on the reverse side.

2. While the National Writing and Thinking Network welcomes a variety of talents and personalities, the residential workshop format of the program requires participants to work well with each other both in and out of the classroom. With respect to maturity and social skills, how does the applicant work with peers and how is he or she perceived by them? How will the applicant respond to those in positions of authority? Are there any other reflections which you think might be of help to us?

Teacher's name _____ Date _____

Position _____ Phone _____

School address _____
 Number and Street/P.O. Box Number City State Zip code

Email address _____ Signature _____