

Fabric of Life & Vävstuga Weaving School 2021 Väv Immersion Application

Early Application Deadline: Friday, April 16th, 2021 Final Application Deadline: Friday, May 14th, 2021 (Acceptance and award decisions made by April 23rd and May 21st, respectively.)

Name:		ell Phone:
Addr	dress: H	ome Phone:
	Er	mail:
Appl	plication Materials Checklist	
appli	Väv Immersion Application Form (PDF or paper Resume (PDF or paper copy) A letter of no more than 2 pages, explaining you goals (no prior weaving experience is necessary Names, telephone #s and emails of 2 character rassociates, etc. Phone or video interview (to be scheduled once ter acceptance into the program we will also requirolication) signed by your Primary Care Physician (Pgram.	ur background/interest in weaving and your y) (PDF or paper copy) eferences - ie. teachers, employers, business e your materials have been received) re a completed health form (attached to this
<u>Scho</u>	nolarship Materials Checklist	
based	e to the generosity of the Ddora Foundation, we a ed on financial need and merit to BIPOC individu 3,500 for any individual between the ages 18 - 35, k	als between ages 18 - 35 and 2 scholarships
	A letter of no more than 2 pages, that addressed hardship and how you feel you would benefit program (PDF or paper copy) 2 letters of reference that address your work expended include contact information for any further question directly to us and separate from your application or relatives. A copy of your birth certificate, license, passport	from receiving a scholarship to attend the thic and commitment to learning and that stions we may have (PDF or paper copy sent on); letters must not be from family, friends,



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Character References

Name:	Relationship to you:	
Email:	Phone:	Years known:
Name:	Relationship to you:	
Email:	Phone:	Years known:
Payment/Refunds		
When offers of acceptance are made, a non confirm your spot in this program. The rema other arrangements have been made. Pleas	inder of the balance is due by F	riday, June 11th unless
I will pay online with my Visa/MC.		
I will mail a check.		

Please send your completed application and scholarship materials in one email to: office@fabric-of-life.org

or mail a hard copy to: Fabric of Life 47 Bassett Road Shelburne, MA 01370



Fabric of Life & Vävstuga Weaving School 2021 Väv Immersion Health Form

Health Information

(This form is completely confidential and is not used as part of our decision to accept you into this program. This form serves to support you in case of an emergency only. It should be signed by your primary care physician.)

Name:	DOB:	
Emergency Contact Information		
Name:	Relation:	
Address:	Phone:	
Do you have any of the following conditions? Asthma		
Diabetes	Blood Disorders	
Cardiac Issues	Bone/Joint Issues Mental Health Issues	
Seizure Disorder/Epilepsy Taking Medications	Merital Health Issues	
if yes, please list:		
Allergies that require Epi-pen or that caus	es hives. rash or difficulty breathing:	
if yes, please list:	· · · · · · · · · · · · · · · · · · ·	
ii yes, piease list:		
Anything else that would be helpful for us	to know?	
	ly, physically, and emotionally fit to attend the Väv n and that the information provided above is correct	
Signature:	Date:	
Physician:	Address:	
Phone		