



Fabric of Life & Vävstuga Weaving School 2023 Väv Immersion Application

Early Application Deadline: Friday, March 17th, 2023

Final Application Deadline: Friday, March 31st, 2023

(Acceptance and award decisions made by March 24th and April 7th, respectively.)

Name: _____ Cell Phone: _____
Address: _____ Home Phone: _____
Email: _____

Application Materials Checklist

- ___ Väv Immersion Application Form (PDF or paper copy)
- ___ Resume (PDF or paper copy)
- ___ A letter of no more than two pages, explaining your background/interest in weaving and your goals (no prior weaving experience is necessary) (PDF or paper copy)
- ___ Names, telephone numbers and email addresses of two character references (ie. teachers, employers, business associates, etc.)
- ___ Phone or video interview (to be scheduled once your materials have been received)

* Upon acceptance, and prior to your arrival to the program, we will require a completed health form (attached to this application) signed by your Primary Care Physician (PDF or paper copy).

Scholarship Materials Checklist

Due to the generosity of the Ddora Foundation, we are able to offer two full scholarships of \$6,500 to individuals between the ages of 18 and 35, with preference given to individuals from historically marginalized communities, and two partial scholarships of \$3,500 to any individual between the ages of 18 and 35, based on financial need and merit.

Please specify which scholarship you are applying for: ___ Full Scholarship
___ Partial Scholarship

- ___ A letter of no more than two pages, that addresses why paying for this program would be a hardship and how you feel you would benefit from receiving a scholarship to attend the program (PDF or paper copy)
- ___ Two letters of reference that address your work ethic and commitment to learning and that include contact information for any further questions we may have (PDF or paper copy sent directly to us and separate from your application); letters must not be from family, friends, or relatives.
- ___ A copy of your birth certificate, license, passport or other official ID that confirms your date of birth.



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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-refundable program fee of \$1,000 is due within 7 days to confirm your spot in this program. The remainder of the balance is due by Friday, April 8th unless other arrangements have been made.

Please confirm how you plan to pay, if you are accepted:

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**



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2023 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?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone/Joint Issues |
| <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Seizure Disorder/Epilepsy | |
| <input type="checkbox"/> Taking Medications | |

if yes, please list: _____

Allergies that require Epi-pen or that causes hives, rash or difficulty breathing;

if yes, please list: _____

Is there anything else that would be helpful for us to know?

if yes, please explain: _____

I hereby certify that this individual is mentally, physically, and emotionally fit to attend the Väv Immersion 8-week weaving intensive program and that the information provided above is correct to the best of my knowledge.

Signature: _____ Date: _____

Physician: _____ Address: _____

Phone _____