

Fabric of Life & Vävstuga Weaving School 2025 Väv Immersion Application

Early Application Deadline: Friday, June 27th, 2025 Final Application Deadline: Friday, July 18th, 2025 (Acceptance and award decisions made by July 11th and July 25th, 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 2 pages, explaining your background/interest in weaving and your goals (no prior weaving experience is necessary) (PDF or paper copy)
- ____ Names, telephone #s and emails of 2 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 2 full scholarships of \$6,500 to individuals between the ages of 18 and 35, with preference given to individuals from historically marginalized communities, and 2 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 2 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)
- 2 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 deposit of \$1,000 is due within 7 days to confirm your spot in this program. The remainder of the balance is due by Friday, August 8th unless other arrangements have been made. Please confirm how you plan to pay, if you are accepted:

		I will pay	/ online	with	my ۱	Visa/MC
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____ 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 80 Bassett Road Shelburne, MA 01370



Fabric of Life & Vävstuga Weaving School 2025 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:		
Do you have any of the following conditions? Asthma Diabetes Cardiac Issues Seizure Disorder/Epilepsy Taking Medications if yes, please list:	Blood Disorders Bone/Joint Issues Mental Health Issues	
Allergies that require Epi-pen or that causes if yes, please list:		
Anything else that would be helpful for us to	o know?	
	physically, and emotionally fit to attend the Väv and that the information provided above is correct	

Signature:	 Date:
Physician:	 Phone: