

- _____ 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.



Fabric of Life & Vävstuga Weaving School 2025 Väv Immersion Application

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 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
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: _____ Phone: _____

Do you have any of the following conditions?

☐ Asthma

☐ Diabetes

☐ Cardiac Issues

☐ Seizure Disorder/Epilepsy

☐ Taking Medications

☐ Blood Disorders

☐ Bone/Joint Issues

☐ Mental Health Issues

if yes, please list: _____

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

if yes, please list: _____

☐ Anything else that would be helpful for us to know?

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: _____ Phone: _____