

Vävstuga Weaving School & Fabric of Life

2017 Väv Immersion Application

Early Application Deadline: March 1st 2017
(acceptance decisions made by April 1st)

Regular Application Deadline: May 15th, 2017
(acceptance decisions made on a rolling basis as space is available)

Name: _____ Cell #: _____
Address: _____ Home #: _____
_____ 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.
- _____ Completed Health Form signed by your Primary Care Physician (PDF or paper copy)
- _____ In-person, phone, or Skype interview with a Fabric of Life/Vävstuga representative (to be scheduled once your materials have been received)

Vävstuga Weaving School & Fabric of Life

2017 Väv Immersion Application

Housing/Room

Farmhouse: Includes a shared or private room, limited wireless internet, utilities, a small refrigerator for each room/person, use of a small kitchen during the week, and use of the main kitchen during the weekend at our Bassett Road Farmhouse property for 15 weeks.

Vävstuga Dorm on Water Street in Shelburne Falls: Includes a shared or private room, wireless internet, utilities, and a shared kitchen for 15 weeks.

- I prefer to stay at the Bassett Road Farmhouse.
- I prefer to stay at the Vävstuga Dorm on Water St. in Shelburne Falls.
- I prefer a private room.
- I prefer a shared room (limited availability, slightly reduced costs.)
- I will find my own housing.

Board

(Includes 3 daily meals, 5 days week for 15 weeks; storage for your own personal snacks will be provided.)

Dietary Needs: Vegetarian Vegan Gluten-Free None

Food Allergies (please specify): _____

If you have other food challenges (special diets, protein requirements, etc.), we ask that you plan on providing for yourself accordingly. There is a lovely health food store within walking distance of our in-town studio and a small upstairs kitchen area at the Bassett Road Farmhouse is available for your use throughout the week if you are not enrolled in our food plan due to food challenges. All students will have access to the small upstairs kitchen during the week to prepare snacks, and to the full downstairs kitchen area on the weekends to prepare meals.

- I have no food challenges, and have selected my dietary needs above.
- I will be preparing my own food during the length of the program (only available for those whose food challenges we cannot accommodate).

Payment/Refunds

When offers of acceptance are made, a non-refundable deposit of \$1,000 is due to confirm your spot in this program. The remainder of the balance is due by May 15th, 2017 unless other arrangements have been made. Please confirm how you plan to pay, if you are accepted:

- I will phone with my Visa/MC.
- I will mail a check.

Character References

Name: _____ Relationship to you: _____ Years known: _____

Email Address: _____ Phone #: _____

Name: _____ Relationship to you: _____ Years known: _____

Email Address: _____ Phone #: _____

Vävstuga Weaving School & Fabric of Life

2017 Väv Immersion Application

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: _____ Phone: _____

Address: _____

Do you have any of the following conditions?

- Asthma
- Diabetes
- Cardiac Issues
- Seizure Disorder/Epilepsy
- Blood Disorders
- Bone/Joint Issues
- Been in counseling in the past year
- Taking Medications (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 15-week weaving intensive program and that the information provided above is correct to the best of my knowledge.

Physician: _____ Signature: _____ Date: _____

Phone # _____ Address: _____