

# Vävstuga Weaving School & Fabric of Life 2019 Väv Immersion Application

Early Application Deadline: March 1st 2019  
(acceptance decisions made by April 1<sup>st</sup>)

Regular Application Deadline: May 15th, 2019  
(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

## 2019 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.

I prefer to a private room at the Bassett Road Farmhouse.

I will find my own housing.

### Board

(Includes 3 daily meals Mon - Thurs, 2 meals on Friday 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 15<sup>th</sup>, 2019 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 #: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### 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: \_\_\_\_\_