



NORTH COUNTRY STUDIO WORKSHOPS JANUARY 23 - 28, 2018

APPLICATION

General Application Deadline:
December 1, 2017

**APPLICATION REVIEW PROCESS
BEGINS JUNE 1, 2017**

Scholarship/Mentorship/
Studio Assistant Deadline:
August 15, 2017

Name: _____ Male Female
 Street: _____
 City _____ ST _____ ZIP _____
 Telephone/Day: _____ Evening: _____
 Email: _____
 1st Choice Workshop: _____ 2nd Choice Workshop: _____
 In what medium do you usually work? _____

TUITION *(Minimum \$150 non-refundable tuition deposit due with this application.)*
Tuition, Fees, Room & Board
 (Tuesday Dinner through Sunday lunch) \$1,235 _____
COMMUTER
Tuition, Fees, Lunch and Dinner Only
 (Tuesday Dinner through Sunday Lunch) \$990 _____
PROCESSING FEE *(non-refundable)* \$50 \$50 _____
TOTAL COST _____
TAX-DEDUCTIBLE DONATION (Optional) _____
AMOUNT ENCLOSED *(Minimum due \$200)* _____
BALANCE DUE BY DECEMBER 1, 2017 _____

Single (no additional charge for a single room) Double, roommate name: _____
 Special Needs (Housing and/or Dietary): _____

In case of an Emergency, whom should we contact? (Required)

Name: _____ Relationship: _____
 Telephone/Day: _____ Evening: _____

By registering for a workshop, I understand that students assume the risk of working with the tools, equipment, and materials.
 I have read and agree to the conference refund and cancellation policy.
 Signature _____ Date _____

All applications must include the minimum \$150 non-refundable workshop deposit plus the \$50 processing fee. Minimum due with Application: \$200.

Please make checks payable to:
North Country Studio Workshops
Or use your credit card

Charge to my: AMEX Discover MasterCard VISA
 Card # _____ Expiration Date _____ Security Code _____
 Signature: _____ Date _____

Mail your application to: **Jeanne Haskell, Registrar, 3792 Hollister Hill, Marshfield, VT 05658**

OR fill in the application PDF, save it on your computer, and email as an attachment to registrar@ncsw.org.

CONTACT INFO:

Carrie Brown, Executive Director, director@ncsw.org
 Jeanne Haskell, Registrar, registrar@ncsw.org

Date _____ Check # _____ \$ _____
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