

Fabric of Life & Vävstuga Weaving School 2024 Väv Immersion Application

Early Application Deadline: Friday, June 28th, 2024 Final Application Deadline: Friday, July 26th, 2024 (Acceptance and award decisions made by July 5th and August 2nd, respectively.)

Cell Phone:

Name:

Address:	Home Phone:			
	Email:			
Application Materials Checklist				
goals (no prior weaving experience is necess	your background/interest in weaving and your ary) (PDF or paper copy) er references - ie. teachers, employers, business			
* Upon acceptance, and prior to your arrival to the form (attached to this application) signed by your F	program, we will require a completed health			
Scholarship Materials Checklist				
Due to the generosity of the Ddora Foundation, we individuals between the ages of 18 and 35, with promarginalized communities, and 2 partial scholars ages of 18 and 35, based on financial need and mer	eference given to individuals from historically hips of \$3,500 to any individual between the			
Please specify which scholarship you are applying f	for: Full Scholarship Partial Scholarship			
hardship and how you feel you would benef program (PDF or paper copy) 2 letters of reference that address your work include contact information for any further quality to us and separate from your application or relatives.	esses why paying for this program would be a fit from receiving a scholarship to attend the c ethic and commitment to learning and that uestions we may have (PDF or paper copy sent ation); letters must not be from family, friends, port or other official ID that confirms your date			



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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 confirm your spot in this program. The remain other arrangements have been made. Please	nder of the balance is due by Frid	day, August 9th unless
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
47 Bassett Road
Shelburne, MA 01370



Fabric of Life & Vävstuga Weaving School 2024 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
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: