

Bard College at

SIMON'S ROCK



Virtual Young Writers Workshop
National Writing and Thinking Network
www.simons-rock.edu/young-writers

Co-Directors

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Bard College at Simon's Rock
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APPLICATION for Virtual YWW
VIRTUAL YWW
August 5-9, 2024

(The application should be typed or neatly printed, returned by email,
and must be completed by the applicant rather than a family member)

Date (Month/Day/Year format):

Full Name of Applicant:

Name Applicant Wishes to be Called:

Home Address (remember the zip/postal code)

Cell Phone:

Applicant's Email Address:

Parent/Guardian Name:

Parent Email:

School Name:

School Address:

Current Year in School (9th, 10th, 11th)

How did you hear about Virtual YWW?

- | | |
|--|--|
| <input type="checkbox"/> Simon's Rock website | <input type="checkbox"/> School guidance counselor |
| <input type="checkbox"/> Parent or guardian | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> From a previous participant | <input type="checkbox"/> Other |

What other summer writing programs, if any, have you attended?

Please write a short (300-500 words) response on a time when words were powerful to you. This does not have to be a dramatic time, simply a time when you recognized the power of language. This should be true and written in prose. Please either include this writing at the end of this application OR send in a separate file along with this application.

Student and Parent/Guardian Signatures

The Virtual Young Writers Workshop strives to be an academic community in which students are active and engaged learners, while demonstrating honesty and integrity, and taking responsibility for their actions. By signing this form, the applicant and parent attest that the information contained in this application is complete, factually accurate, and honestly presented, and that the student is prepared to write during the workshop, share their in-progress work, and to provide and receive supportive feedback from the group. The applicant agrees to contact the Young Writers Workshop should any information contained herein change once the application is submitted.

Applicant Signature

Date

Parent/Guardian Signature

Date

RETURN YOUR COMPLETED APPLICATION BY EMAIL