

The Oxbow School - Application for Admission

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PLEASE COMPLETE THE PART 2 APPLICATION BY RETURNING VIA EMAIL TO ADMISSIONS@OXBOWSCHOOL.ORG OR VIA MAIL TO:

The Oxbow School
ATTN: ADMISSIONS
530 THIRD STREET
NAPA, CA 94559

IN ORDER TO COMPLETE YOUR GAP SEMESTER APPLICATION, PLEASE SUBMIT THE FOLLOWING MATERIALS:

- **A SELF-PORTRAIT**

Students must submit a digital image of an original self-portrait (in any medium) via email to admissions@oxbowschool.org

- **PARENT STATEMENT**

- **STUDENT QUESTIONNAIRE**

- **OFFICIAL HIGH SCHOOL TRANSCRIPT**

In order for a transcript to be official, it must be signed and sent directly to us from your school via mail or email.

- **TWO TEACHER RECOMMENDATIONS**

Teachers may use our teacher recommendation form or write their own letter.

- **GAP SEMESTER PROPOSAL**

Describe a project and area of interest that you would like to focus on during your semester as a Gap student. What open-ended question(s) would you like to explore in depth? Which studio(s) would you like to concentrate in? If you would like to pursue a leadership role within the The Oxbow School community or pursue an internship, please explain the skills you would like to develop during your semester as a gap student. Leadership roles might include: studio teaching assistant, culinary arts intern, elementary school volunteer, or residential life coordinator.

Any questions about application requirements or timelines can be directed to admissions@oxbowschool.org.



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Student Questionnaire

APPLICANT

DATE: _____

FIRST NAME: _____

LAST NAME: _____

PRONOUNS: _____

EDUCATION

CURRENT SCHOOL: _____

ART TEACHER'S NAME: _____

COUNSELOR/ADVISOR NAME: _____

FAMILY

BRIEFLY DESCRIBE YOUR FAMILY: _____

WORK + AWARDS

PLEASE DESCRIBE ANY WORK EXPERIENCE, SPECIAL AWARDS, OR ACHIEVEMENTS YOU WOULD LIKE US TO KNOW ABOUT: _____

ABOUT YOU

HOW DID YOU LEARN ABOUT OXBOW? (PLEASE GIVE SPECIFIC NAMES) _____

*The Oxbow School prohibits discrimination against any student or applicant because of race (including natural hairstyles), color, religion (including religious dress and grooming practices), national origin, medical condition, physical or mental disability, sex, sexual orientation, ancestry, genetic information/characteristics, gender, gender identity, gender expression, or any other characteristic or activity protected by law. The Oxbow School promotes respect for all people, and will not tolerate harassment based on any of these characteristics.



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Student Questionnaire (continued)

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WHAT PREVIOUS ART EXPERIENCE DO YOU HAVE AND WHAT DO YOU HOPE TO GAIN FROM THE OXBOW EXPERIENCE? _____

WHAT BOOK HAS HAD A DIRECT IMPACT ON YOUR LIFE? HOW? _____

WHAT ASPECTS OF SCHOOL DO YOU FIND THE MOST REWARDING? WHY? _____

WHAT ASPECTS OF SCHOOL DO YOU FIND THE MOST CHALLENGING? WHY? _____

PLEASE WRITE FIVE WORDS THAT DESCRIBE YOU AS...

1. A PHYSICAL PRESENCE: _____

2. AN EMOTIONAL HUMAN BEING: _____

3. AN INTELLECTUAL AWARENESS: _____

4. A SPIRITUAL BEING: _____

SIGNATURE: _____ **DATE:** _____



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Parent Statement

PARENT/GUARDIAN NAME: _____

STUDENT NAME: _____

TELL US ABOUT THE STUDENT AND WHAT YOU FEEL ARE THEIR STRENGTHS, INTERESTS, AND GOALS: _____

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND OXBOW? WHAT DO YOU THINK THEY WILL GAIN FROM THIS EXPERIENCE? _____

AS A PARENT/GUARDIAN, WHAT CHALLENGES HAVE YOU ENCOUNTERED WITH YOUR CHILD? _____

IS THERE ANYTHING ELSE THAT WOULD BE HELPFUL FOR US TO KNOW ABOUT YOUR STUDENT TO BEST SUPPORT THEM AT OXBOW? _____

TO WHOM SHOULD THE INVOICE FOR TUITION BE SENT? _____

CELL #: _____ EMAIL: _____

ARE YOU APPLYING FOR FINANCIAL AID? YES NO
(IF YES, PLEASE SUBMIT YOUR FINANCIAL AID APPLICATION MATERIALS)

SIGNATURE: _____ DATE: _____

