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 QUESTIONAIRE

• 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.
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.

### Student Questionnaire

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<th><strong>APPLICANT</strong></th>
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<td><strong>FIRST NAME:</strong> ______________________________________________________________________________</td>
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<td><strong>LAST NAME:</strong> _______________________________________________________________________________</td>
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<td><strong>PRONOUNS:</strong> ________________________________________________________________________________</td>
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<th><strong>EDUCATION</strong></th>
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<td><strong>CURRENT SCHOOL:</strong> ___________________________________________________________________________</td>
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<td><strong>ART TEACHER’S NAME:</strong> ________________________________________________________________________</td>
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<td><strong>COUNSELOR/ADVISOR NAME:</strong> __________________________________________________________________</td>
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<th><strong>FAMILY</strong></th>
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<td><strong>BRIEFLY DESCRIBE YOUR FAMILY:</strong> ______________________________________________________________________</td>
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<th><strong>WORK + AWARDS</strong></th>
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<tr>
<td><strong>PLEASE DESCRIBE ANY WORK EXPERIENCE, SPECIAL AWARDS, OR ACHIEVEMENTS YOU WOULD LIKE US TO KNOW ABOUT:</strong> ______________________________________________________________________</td>
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<th><strong>ABOUT YOU</strong></th>
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<td><strong>HOW DID YOU LEARN ABOUT OXBOW? (PLEASE GIVE SPECIFIC NAMES)</strong> ______________________________________________________________________</td>
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WHAT PREVIOUS ART EXPERIENCE DO YOU HAVE AND WHAT DO YOU HOPE TO GAIN FROM THE OXBOW EXPERIENCE? ____________________________________________________________
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________________________________________________________________________________
________________________________________________________________________________

WHAT BOOK HAS HAD A DIRECT IMPACT ON YOUR LIFE? HOW? __________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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WHAT ASPECTS OF SCHOOL DO YOU FIND THE MOST REWARDING? WHY? __________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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WHAT ASPECTS OF SCHOOL DO YOU FIND THE MOST CHALLENGING? WHY? _______________________
____________________________________________________________________________________
____________________________________________________________________________________
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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: ________________
The Oxbow School - Application for Admission

Parent Statement

**PARENT/GUARDIAN NAME:** __________________________________________________________

**STUDENT NAME:** ______________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

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

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

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

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TO WHOM SHOULD THE INVOICE FOR TUITION BE SENT?

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**ARE YOU APPLYING FOR FINANCIAL AID?**

☐ YES  ☐ NO

**EMAIL:** __________________________________________________________

**SIGNATURE:** ______________________________________  **DATE:** ______________________

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