The Oxbow School - Application for Admission

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 SUMMER ART INSTITUTE 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**

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.”
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**Student Questionnaire**

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<th>APPLICANT</th>
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<tbody>
<tr>
<td>DATE: ____________________________________________</td>
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<tr>
<td>FIRST NAME: ____________________________________________________________________________________</td>
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<td>LAST NAME: ____________________________________________________________________________________</td>
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<tr>
<td>PRONOUNS: ____________________________________________________________________________________</td>
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<tr>
<th>EDUCATION</th>
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<tr>
<td>CURRENT SCHOOL: ______________________________________________________________________________</td>
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<tr>
<td>ART TEACHER’S NAME: ___________________________________________________________________________</td>
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<tr>
<td>COUNSELOR/ADVISOR NAME: ______________________________________________________________________</td>
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<tr>
<th>FAMILY</th>
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<tr>
<td>BRIEFLY DESCRIBE YOUR FAMILY: ___________________________________________________________________</td>
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<tr>
<th>WORK + AWARDS</th>
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<tr>
<td>PLEASE DESCRIBE ANY WORK EXPERIENCE, SPECIAL AWARDS, OR ACHIEVEMENTS YOU WOULD LIKE US TO KNOW ABOUT:</td>
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<tr>
<th>ABOUT YOU</th>
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<tr>
<td>HOW DID YOU LEARN ABOUT OXBOW? (PLEASE GIVE SPECIFIC NAMES) _______________________________________________________________________________</td>
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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/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? ________________________________________________________________

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____________________________________________________________________________

ISTHERE 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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CELL #: __________________________ EMAIL: ____________________________________________

ARE YOU APPLYING FOR FINANCIAL AID? □ YES □ NO

(IF YES, PLEASE SUBMIT YOUR FINANCIAL AID APPLICATION MATERIALS)

SIGNATURE: __________________________________ DATE: ________________

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