



PLEASE COMPLETE THE PART 2 APPLICATION BY RETURNING VIA EMAIL TO [ADMISSIONS@OXBOWSCHOOL.ORG](mailto: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](mailto:admissions@oxbowschool.org)

- **PARENT STATEMENT**

- **STUDENT QUESTIONNAIRE**

Any questions about application requirements or timelines can be directed to [admissions@oxbowschool.org](mailto:admissions@oxbowschool.org).

# The Oxbow School - Application for Admission

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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: \_\_\_\_\_

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### WORK + AWARDS

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

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### ABOUT YOU

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

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# The Oxbow School - Application for Admission

## 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? \_\_\_\_\_

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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: \_\_\_\_\_

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2. AN EMOTIONAL HUMAN BEING: \_\_\_\_\_

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3. AN INTELLECTUAL AWARENESS: \_\_\_\_\_

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4. A SPIRITUAL BEING: \_\_\_\_\_

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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# The Oxbow School - Application for Admission

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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: \_\_\_\_\_

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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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CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU APPLYING FOR FINANCIAL AID?  
(IF YES, PLEASE SUBMIT YOUR FINANCIAL AID APPLICATION MATERIALS)

YES

NO

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

