



LAKE FOREST COLLEGE

Lake Forest College Writing and Thinking Workshop

SEND TO: Lake Forest College, Box K14
Writing and Thinking Workshop
555 N. Sheridan
Lake Forest, IL 60045

FOR INFORMATION: Tracy McCabe, Ph.D
Workshop Director
Phone: 847-735-5234
Fax: 847-735-6191

Application

National Writing and Thinking Network

Please print or type

Date _____
mo day year

Applicant name _____
last first middle

Home address _____
number and street/p.o. box number city state zip code

Home phone () _____ E-mail _____ Date of birth _____ ()M ()F
area code month/day/year

School name _____

School address _____
number and street city state zip code

Current year in school () Freshman () Sophomore () Junior () Senior

Academic interests _____

Extracurricular interests _____

Name and phone number of the teacher from whom you have requested a letter of support:

_____ (_____) _____
name area code

How did you first hear of this Writing and Thinking Workshop?

- () Brochure () School guidance counselor
- () From a friend () Teacher (specialty: _____)
- () Parent or guardian
- () From a previous participant (workshop attended: _____)
- () Other (please specify) _____
- () Web site (Lake Forest College or National Writing and Thinking Network site?) _____

Guardian's consent: As a parent or guardian of the applicant, I hereby give him or her my permission to participate in this writing workshop of the National Writing and Thinking Network. I understand that upon registering for this workshop, my child will become subject to the regulations of the college at which this workshop is located for the duration of the summer residency.

signature of parent or guardian

date

Financial Support

The National Writing and Thinking Network expects that most participants will pay the full tuition of the workshop they attend. Some programs, however, may be able to provide modest financial support. Since these awards will be made at the same time as workshop admission, we need to know whether you would need financial assistance in order to attend. (This will not affect your acceptance into the program.)

_____ No, I will not need financial aid or scholarship support.

_____ Yes, if available, I would like to seek financial aid or scholarship support in order to attend

If you wish to be considered for financial aid (probably not more than \$300), please provide the following:

1. Family adjusted gross income as reported on your current Federal Income Tax forms(s): _____

2. Family total taxable income after deductions: _____

3. Combined savings and investments: _____

4. List colleges or private schools in which family members are currently or will be enrolled next year: _____

5. Family financial commitments for education anticipated in the coming year: _____

6. Estimate of the minimum financial aid or scholarship support needed to attend: _____

7. List other sources of financial aid available to you, including relative, school districts funds and awards, service organization support, religious congregation assistance, etc.: _____

8: Mother's occupation: _____ Father's occupation: _____

9. We affirm that the financial information above provides a complete and accurate picture of our family's financial resources as well as our need for aid or scholarship assistance.

signature of parent or guardian _____ date _____

signature of applicant _____ date _____

Please feel free to make any additional comments which you think would be helpful:

Reflective Writing

We have designed this workshop for students with a range of academic backgrounds but a common interest in the link between writing and thinking. On this sheet (and additional pages), we invite you to tell the story of a time when words — written or spoken, sung or performed — had meaning for you.

While the National Writing and Thinking Network welcomes a variety of talents and personalities, the residential workshop format of the program requires participants to work well with each other both in and out of the classroom. With respect to maturity and social skills, how does the applicant work with peers and how is he or she perceived by them? Will the applicant adapt to the social dynamics of dormitory life? How will the applicant respond to those in positions of authority? Are there any other reflections which you think might be of help to us?

Teacher's name _____ Date _____

Position _____ Phone _____

School address _____
number and street / p.o. box number city state zip code

E-Mail _____

Signature _____

Please return in the applicant's addressed envelope to the workshop as soon as possible. Thank You!