

THE MFA PROGRAM FOR WRITERS  
WARREN WILSON COLLEGE

P.O. Box 9000  
ASHEVILLE, NC 28815-9000  
(FOR UPS OR FED-EX MAILINGS : 701 WARREN WILSON ROAD, SWANNANOVA, NC 28778)

**APPLICATION FORM**

Your application materials must be in the office by the deadline date. Please be sure you have enclosed the application fee (payable to Warren Wilson College), one copy of the personal and critical essays and TRIPLICATE copies of the application form and your manuscript submission.

**NAME:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please include full legal name)

\_\_\_\_\_ **TEL#:** \_\_\_\_\_

(maiden \_\_\_ or publishing name \_\_\_ if different from above)

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **WORK TEL#:** \_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_ Telephone \_\_\_\_\_

Name

Telephone

\_\_\_\_\_ City / State / Zip \_\_\_\_\_

Street

City / State / Zip

**GENRE YOU ARE APPLYING IN:** Poetry \_\_\_\_\_ Fiction \_\_\_\_\_ Both\* \_\_\_\_\_

*\*Please note that your graduate work will focus in only one genre.*

**ARE YOU APPLYING TO BEGIN IN:** Summer (July) \_\_\_\_\_ Winter (January) \_\_\_\_\_

**IF APPLYING FOR FINANCIAL AID, HAVE YOU FILED THE FAFSA?** \_\_\_\_\_

**HAVE YOU APPLIED TO THIS PROGRAM BEFORE?** No \_\_\_\_\_ Yes \_\_\_\_\_  
semester and year(s)

**HOW DID YOU HEAR ABOUT THE PROGRAM?** \_\_\_\_\_

FOR OFFICIAL USE ONLY:

Genre \_\_\_\_\_ Fee \_\_\_\_\_ Ms. \_\_\_\_\_ Ess \_\_\_\_\_ Crit \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ C \_\_\_\_\_

**EDUCATION:**

Institution	Location	Degree Received	Major	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**WORKSHOPS, CONFERENCES, AND OTHER NON-DEGREE COURSES ATTENDED**

(additional pages may be attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PUBLICATIONS, PRIZES, HONORS, GRANTS** (additional pages may be attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Provide the names, contact information, and institutional affiliation of two people who have agreed to assess your creative work and your qualifications for graduate study in writing. Fill out the top of the enclosed reference forms, send one to each of your references, and ask that the completed form be mailed directly to the MFA office.

#1 \_\_\_\_\_

Name E-mail or Phone

\_\_\_\_\_

Institution

#2 \_\_\_\_\_

Name E-mail or Phone

\_\_\_\_\_

Institution

**Do you foresee any circumstances, including physical or emotional conditions, that might impede your studies or prevent you from devoting 25 hours per week to your degree work and corresponding regularly with your supervisor?**

\_\_\_\_\_

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

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