Skidmore College – 2010 New York State Summer Young Writers Institute Program Application Form

Last Name	First Name		
Citizenship	If dual, specify other	_	
Date of Birth (mm/dd/yyyy)/	/ Gender: Male Fema	ale Grade entering in Septemb	oer 2010:
Street Address			
	State		
	Mobile P		
E-mail (Please print clearly)			
Names of Parents/Guardians		Work Phone	
		Work Phone	
English Teacher's Name	email address		
Name of High School			
Address of High School			
(city) Genre(s) you are interested in (poetry, I have enclosed:	(state) , prose, playwriting, etc.)	(zip)	(telephone)
The Original AND 1 Copy of the		be postmarked by April 1, 2010)	cation.
Parent's Signature		_ Date	
Please tell us how you learned Summer Young Writers Institut		nd completed application and s terials <i>postmarked by April 1, 2</i>	
	Off Sk 81!	S Summer Young Writers Institute of the Dean of Special Pride of College North Broadway ratoga Springs, NY 12866	