Facilitating Play for Young Children
Summer Program, June 16-20, 2008
Application for Admission

The completed application should be returned by **April 4, 2008** to the Child Development Institute, Sarah Lawrence College, 1 Mead Way, Bronxville, NY 10708. Questions: cdi@slc.edu

Name in Full: _____ Date: _____
Last / First / Middle

Email Address: _____

Telephone Number: _____

Permanent Mailing Address: _____
Street / City / State / Zip

Present Mailing Address (if different): _____
Street / City / State / Zip

Date of Birth: _____ Gender: _____ Country of Birth: _____
Month / Day / Year

Citizenship: _____ If Not U.S., Type of Visa: _____

Please attach a current CV/resume.
Please tell us briefly why you would like to do this program (250-500 words on a separate page).

Education

(Graduate & Undergraduate)	Dates Attended	Degree Major/Field
_____	_____	_____
_____	_____	_____

Employment

(Current & Previous)	Dates Employed	Title/Job Description
_____	_____	_____
_____	_____	_____

How did you hear about the program?

☐ SLC Web Site
☐ Web Search
☐ Professional Association
☐ Workplace
☐ Colleague
☐ College/University
☐ Meeting/Conference
☐ Brochure/Mailer
☐ Other (Please specify)

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