

COMPLETE THIS FORM AND MAIL WITH APPLICATION MATERIALS
TO: OFFICE OF ADMISSIONS, TALIESIN WEST
FRANK LLOYD WRIGHT SCHOOL OF ARCHITECTURE
PO BOX 4430
SCOTTSDALE, AZ 85261, USA

UPS/FEDEX:
OFFICE OF ADMISSIONS, TALIESIN WEST
FRANK LLOYD WRIGHT SCHOOL OF ARCHITECTURE
12621 N. FRANK LLOYD WRIGHT BLVD.
SCOTTSDALE, AZ 85259, USA



APPLICATION FOR ADMISSION

1
APPLICANT NAME (LAST, FIRST, MIDDLE)

2
APPLICANT CURRENT ADDRESS (STREET, CITY, STATE/COUNTRY, ZIP/POSTAL CODE)

3 4
SOCIAL SECURITY NO. (OPTIONAL) COUNTRY OF CITIZENSHIP

5 6
DATE OF BIRTH (MM/DD/YY) PLACE OF BIRTH (CITY, STATE/COUNTRY)

7 8
APPLICANT EMAIL ADDRESS APPLICANT TELEPHONE NUMBER (AREA CODE + NUMBER)

9
MOTHER'S NAME, OCCUPATION, ADDRESS

10
FATHER'S NAME, OCCUPATION, ADDRESS

11
PARTNER'S/SPOUSE'S NAME, OCCUPATION, ADDRESS (IF APPLICABLE)

ATTACH RECENT PHOTO HERE
(PHOTO MUST FIT THIS AREA)

APPLYING TO: B.A.S. M.ARCH.
(CHECK ONE ABOVE)

12 13
HIGH SCHOOL ATTENDED HIGH SCHOOL DATES OF ATTENDANCE (MM/YY-MM/YY)

14
HIGH SCHOOL ADDRESS AND TELEPHONE NUMBER

15 16
COLLEGE OR UNIVERSITY ATTENDED - MOST RECENT COLLEGE OR UNIVERSITY DATES OF ATTENDANCE (MM/YY-MM/YY)

17 18
MAJOR FIELD OF STUDY DEGREE GRANTED

19 20
COLLEGE OR UNIVERSITY ATTENDED - OTHER COLLEGE OR UNIVERSITY DATES OF ATTENDANCE (MM/YY-MM/YY)

21 22
MAJOR FIELD OF STUDY DEGREE GRANTED

23 24
RECENT EMPLOYER (NAME AND JOB TITLE) RECENT EMPLOYER DATES AT WORK (MM/YY)

25 26
SUPERVISOR NAME SUPERVISOR TELEPHONE NUMBER (AREA CODE + NUMBER)

27 28
PREVIOUS EMPLOYER (NAME, JOB TITLE) PREVIOUS EMPLOYER DATES AT WORK (MM/YY)

29 30
SUPERVISOR NAME SUPERVISOR TELEPHONE NUMBER (AREA CODE + NUMBER)

APPLICATION FOR ADMISSION

REFERENCES

INCLUDE LETTERS OF REFERENCE FROM THOSE LISTED BELOW - MAY BE SAME AS EMPLOYER(S)

31	<hr/>	
	REFERENCE (NAME, ADDRESS)	
32	OCCUPATION	33
		TELEPHONE NUMBER (AREA CODE + NUMBER)
34	<hr/>	
	REFERENCE (NAME, ADDRESS)	
35	OCCUPATION	36
		TELEPHONE NUMBER (AREA CODE + NUMBER)
37	<hr/>	
	REFERENCE (NAME, ADDRESS)	
38	OCCUPATION	39
		TELEPHONE NUMBER (AREA CODE + NUMBER)

INTERESTS

INDIVIDUAL ACTIVITIES AND INTERESTS, AWARDS/HONORS, ARTISTIC/MUSICAL ABILITIES, ETC.

CHECKLIST

<input type="checkbox"/>	THIS FORM AND \$50 APPLICATION FEE PAYABLE TO: FRANK LLOYD WRIGHT FOUNDATION	Note: After acceptance and prior to entry, a Physical Fitness Report from the Personal Physician of Applicant is required. Report to include Proof of Immunization
<input type="checkbox"/>	BIOGRAPHY/STATEMENT OF PURPOSE	
<input type="checkbox"/>	TRANSCRIPTS: HIGH SCHOOL/UNIVERSITY/COLLEGE	
<input type="checkbox"/>	PORTFOLIO	
<input type="checkbox"/>	3 LETTERS OF REFERENCE	

I HAVE READ, UNDERSTAND, AND AGREE WITH THE PROGRAM PROCEDURES AND GUIDELINES AS EXPRESSED IN THE SCHOOL PUBLICATIONS

X	APPLICANT SIGNATURE	DATE
X	SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE	DATE