

# SPRING/SUMMER 2009 APPLICATION

Course Length	Tuition	Room & Board	Additional charges for single room (subject to availability)	Application fee (non-refundable)
Three days	\$375.00	\$275.00	\$175.00	\$20.00
One week	\$750.00	\$520.00	\$320.00	\$20.00
One + a half week	\$1,125.00	\$700.00	\$495.00	\$20.00
Two weeks	\$1,400.00	\$1040.00	\$640.00	\$20.00

Mail this completed application form to The Studio, One Museum Way, Corning, NY 14830-2253, or fax credit card payments to 607.974.6370. **There is no application fee for spring classes.** Please include a \$20 non-refundable application fee for one or two summer courses. Use a separate application form and enclose a \$20 non-refundable application fee for each two additional summer courses.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

## COURSE SELECTION

**First Choice (include session #)** \_\_\_\_\_

Spring  Summer Date \_\_\_\_\_ Instructor \_\_\_\_\_

**Second Choice (include session #)** \_\_\_\_\_

Spring  Summer Date \_\_\_\_\_ Instructor \_\_\_\_\_

I would like to take both courses.

If course(s) is (are) filled, please place me on a waiting list.

## SCHOLARSHIP APPLICATIONS ONLY

Check all that apply (incomplete applications will not be considered):

If I don't receive a full scholarship, I still want to take the class, and I will pay the entire fee myself.

If I don't receive a partial scholarship, I still want to take the class, and I will pay the entire fee myself. (Partial scholarships range from \$250 to \$1,000.)

If I don't receive a full scholarship, I will be unable to take the class.

## SUMMER PROGRAM ONLY

I would like housing. I am  Male  Female Age \_\_\_\_\_

I am attending with \_\_\_\_\_ and we wish to room together.

I would like a single room (\$320 extra per week. **Availability not guaranteed.**)

## METHOD OF PAYMENT

Enclosed is a money order in the amount of \$ \_\_\_\_\_.

Enclosed is a check payable to The Corning Museum of Glass in the amount of \$ \_\_\_\_\_.

Please charge to:  MasterCard  Visa  Discover  American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

If you check this box, we will charge your tuition and room and board to your credit card upon acceptance into a course.

I'd like to contribute \_\_\_\_\_ to the \_\_\_\_\_ Scholarship Fund.