

New York Center for Art & Media Studies • Chelsea, New York City

A program of Bethel University—College of Arts & Sciences

Application deadline: November 1 (for spring only)

To apply for NYCAMS, complete the application form, distribute the references, and follow the instructions below.

Include the following items with your application form:

- \$50 application fee paid to Bethel University (non-refundable)
- Typed essay questions
- Writing sample

Send in the following items with the application or separately (by the application deadline):

- Official transcript (minimum cumulative GPA is 2.5); Not required from Bethel students.
- Faculty reference (completed by academic advisor or faculty member)
- Personal reference (supervisor, mentor, pastor, faculty member; not a peer, relative, or resident assistant)
- Student Affairs reference (completed by dean of student development or resident director, not a peer or relative)

Please note: A \$250 non-refundable confirmation deposit will be due two weeks after notice of acceptance.

Application materials must be submitted by November 1 for the spring semester.

Personal Data

Name _____ School _____ Bethel ID _____

School address (including PO Box) _____

Phone _____ Phone 2 _____ Date of Birth _____

Email _____

Academic Information

Major(s) _____

Minor(s) _____

Year while at NYCAMS Junior Senior Anticipated graduation (month/year) _____

Current GPA _____

Internships

Please check your areas of interest and comment briefly on your abilities and skills for participating in an internship.

Book publishing

Radio production

Daily newspaper

Television production

Film production

Screenwriting

Weekly newspaper

Other—please explain

Magazine publishing

Essay Questions

Please type your responses to the following:

1. Describe your interest in writing/journalism.
2. How do you hope to benefit from your experience at the New York Center for Art and Media Studies?
3. How does your faith inform your work as a writer?

Portfolio

As part of your application, please submit:

- a short sample of your writing (about 1,000-1,500 words)
- a brief description of a writing project you plan to complete for Writers Workshop in New York City

Emergency Contact

Parent/Guardian A

Name _____

Relationship _____

Address _____

Phone H (____) _____ W (____) _____

Email _____

Parent/Guardian B

Name _____

Relationship _____

Address _____

Phone H (____) _____ W (____) _____

Email _____

Who should be contacted in case of an emergency? A B Both

Home School Contact (Non-Bethel University students only)

Please list the contact information for your school's study abroad or off-campus programs advisor. If such an office does not exist, please list a registrar or academic dean.

Name _____ Position _____

Address _____

Phone _____ Email _____

Billing Recipient (Non-Bethel University students only)

Please list the person to whom program invoices should be sent. This is often a student accounts office or off-campus programs office.

Name _____ Position _____

Address _____

Phone _____ Email _____

APPROVAL REQUIREMENTS

For Advisor to Complete

Discuss your involvement in an off-campus program with your advisor to make sure the program fits into your schedule.

I have discussed the proposed course of study with the applicant and feel that participation in this program is consistent with his/her academic and professional objectives. I have also reviewed the courses that the student intends to take on this program and determined that they fit with his/her program of study. I recommend this applicant for the program.

Advisor's signature _____ Date _____

For Student to Complete

As a student participating in NYCAMS:

- I understand that if I decide to withdraw from the program after I have confirmed my acceptance, I will be responsible for application fee, deposit, and the payment of any moneys related to the program that cannot be refunded or recovered (housing deposits, etc.).
- I understand that all costs related to the program must be paid to Bethel (or arrangements made through my home school) before I will be permitted to participate in the program.

Student's signature _____ Date _____

- I have read the Bethel Lifestyle Covenant and understand that it applies to students participating in NYCAMS (Covenant can be accessed at <http://cas.bethel.edu/covenant>).

Student's signature _____ Date _____

FERPA Release

On occasion, parents or guardians contact Bethel University to discuss various situations pertaining to a student's off-campus program. Some examples are academic questions, housing situations, health situations, travel inquiries. Does the Office of Off-Campus Programs have your permission to discuss (verbally or in writing) your off-campus program and/or academic progress with your parent/s or guardian/s?

- Yes No

FACULTY REFERENCE

For Student to Complete

Student's name _____

Email _____

Student's school _____

- I waive any claim of access to this reference written in relationship to my application to NYCAMS.
- I do not waive claim of access to this reference written in relationship to my application to NYCAMS.

Student's Signature _____ Date _____

For Faculty to Complete

This student has applied for participation in the New York Center for Art and Media Studies. The information given is an important part of the application process. Please complete this form as thoroughly as possible and return it to Bethel University's Office of Off-Campus Programs by November 1 (for spring).

How long and in what capacity have you known this student?

Academic Seriousness	1	2	3	4	5	6
	Excellent				Poor	Insufficient basis for judgment

(Committed to learning, willing to take initiative, demonstrates curiosity and inquisitiveness.)

Comments:

Overall Academic Ability	1	2	3	4	5	6
	Excellent				Poor	Insufficient basis for judgment

Comments:

Emotional Stability	1	2	3	4	5	6
	Excellent				Poor	Insufficient basis for judgment

(Mature, able to deal with difficult or challenging circumstances.)

Comments:

—continued on next page

PLEASE RETURN TO:

Office of Off-Campus Programs • Bethel University • 3900 Bethel Drive, #2349 • St. Paul, MN 55112-6999
Phone: 651.638.6549 • Fax: 651.635.1966

PERSONAL REFERENCE

For Student to Complete

Student's name _____

Email _____

Student's school _____

- I waive any claim of access to this reference written in relationship to my application to NYCAMS.
- I do not waive claim of access to this reference written in relationship to my application to NYCAMS.

Student's Signature _____ Date _____

For Reference Source to Complete

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How long and in what capacity have you known this student?

Personal Responsibility	1 Excellent	2	3	4	5 Poor	6 Insufficient basis for judgment
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Comments:

Personal Maturity	1 Excellent	2	3	4	5 Poor	6 Insufficient basis for judgment
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Comments:

Christian Maturity	1 Excellent	2	3	4	5 Poor	6 Insufficient basis for judgment
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Comments:

Discipline	1 Excellent	2	3	4	5 Poor	6 Insufficient basis for judgment
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Comments:

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Phone: 651.638.6549 • Fax: 651.635.1966

STUDENT AFFAIRS REFERENCE

For Student to Complete

Student's name _____

Email _____

Student's school _____

- I waive any claim of access to this reference written in relationship to my application to NYCAMS.
- I do not waive claim of access to this reference written in relationship to my application to NYCAMS.

Student's Signature _____ Date _____

For Reference Source to Complete

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Please review the applicant's records. Has the applicant been placed on probation for violation of your institution's behavioral code?

- Yes
- No

If Yes, please explain.

If there are any issues of which we should be aware related to emotional stability, character, personal responsibility, etc., please describe them on a separate sheet of paper.

<ul style="list-style-type: none"><input type="radio"/> Highly recommend<input type="radio"/> Recommend<input type="radio"/> Recommend with reservation<input type="radio"/> Do not recommend at this time

Signature _____ Date _____

Print name _____

Position _____

Institution _____

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