NEW YORK FILM ACADEMY

ASSOCIATE OF FINE ARTS APPLICATION PAGE 1 OF 5

Student's Name			
	LAST (FAMILY)	FIRST	MIDDLE
Birth Date	/	Email Address	
	Month / Day / Year		
Today's Date			

IMPORTANT: PLEASE INDICATE LOCATION,							
	START DATE, &						
	☐ MAY 2022*	☐ MAY 2023*	☐ MAY 2024*				
	☐ AUG 2022	☐ AUG 2023	☐ AUG 2024				
	☐ JAN 2023	☐ JAN 2024	☐ JAN 2025				
	* May start dates are or programs.	nly for Filmmaking, Acting for	Film, and Photography				
	☐ FILMMAKING						
	☐ ACTING FOR F	ILM					
	☐ PRODUCING						
	SCREENWRITING						
	☐ PHOTOGRAPHY						
	☐ 3D ANIMATION	& VFX					
	☐ GAME DESIGN						

PAYMENT

The application fee is non-refundable. You may pay by check, money order, wire transfer, Zelle or credit card.

U.S. Residents: \$75.00 USD; International Students: \$75.00 USD

If you already applied online and paid the application fee of \$75, please note when payment and online application was submitted:

	1		/		
Month	/	Day	/	Year	

Payment by Check / Money Order / Wire Transfer / Credit Card / Zelle

Attach the check or money order to this form (skip if paying by credit card or Zelle)

Check No.:	
Amount: \$	

Please make your check or money order, in U.S. dollars, payable to: The New York Film Academy, LTD.

Please contact our Bursar's office at bursar@nyfa.edu for any questions.

Details regarding payment schedule will be sent with acceptance notification. For a copy of the NYFA rules and regulations, and the refund policy, please contact the admissions office.

The New York Film Academy reserves the right to dismiss students from programs for poor conduct, poor attendance, lack of preparation, if they present a threat to themselves or others, or if they cause a disruption of any kind.

NEW YORK FILM ACADEMY

ASSOCIATE OF FINE ARTS APPLICATION PAGE 2 OF 5

3. Email Address Social Security Number 4. Current Mailing Address - Please be sure this is as complete as possible STREET ADDRESS CITY STATE OR PROVINCE ZIP/POSTAL CODE COUNTRY 5. Telephone Number Secondary Number 6. Gender: Male Female Other Decline to Answer 7. Pronoun (Optional): please make available to check more than one option: Write In: 8. Gender Identity (Optional): Write In: 8. Gender Identity (Optional): Write In: 8. Gender Identity (Optional): Write In: 8. Her/Her/Hers He/Him/His They/Them/Theirs Write In: 8. Gender Identity or choose not to disclose. 9. Have you served in the United States Military? Yes No 10. If you are planning to study for one year in a conservatory program at a New York Film Academy location other than the location where you will complete your degree program. If not, skip this section, and go to #11. I am applying to study toward my AFA degree at the New York Film Academy Los Angeles, but I would like to study for one year first at the New York Film Academy at (choose one) South Beach, Florida New York City Gold Coast, Australia Please note: Not all programs are offered at all locations. For information regarding which conservatory programs are offered at all vour location of interest, please contact an admissions courselor or visit www.nyfa.edu. 11. I request assistance with housing 12. Check the box that best describes your citizenship/residency. I am a citizen of the United States. (If you check this box, skip to question 16) I am an a permanent resident of United States and a citizen of COUNTRY INTERNATIONAL STUDENTS ONLY 13. Do you plan to apply for the F-1 student visa to enter the US? Yes No Are you in the US as an F-1 student and plan to transfer your I-20 to NYFA? Yes No	1. Student's Name*		
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4. Current Mailing Address - Please be sure this is as complete as possible Table Street Address Please Please	3 Email Address	Social Security N	•
STREET ADDRESS CITY STATE OR PROVINCE ZIP-POSTAL CODE COUNTRY 5. Telephone Number			(All US applicants must provide)
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COMPACT WE INTERNATIONAL CHICE ALTIMENTALIONAL PROPERTIES AND THE COMPANION OF ANTICIPATION WILL BE ADELIAN.			for admission will be desided

^{*} International students must apply using full name as it appears on your passport.

RELATIONSHIP

PHONE NUMBERS



LAST (FAMILY) NAME

EMAIL ADDRESS

ASSOCIATE OF FINE ARTS APPLICATION PAGE 3 OF 5

Student's Name	LY)		FIRST		M	IIDDLE
16. High School Level - School	History					
Your school's CEEB Code* (If applicable)	Name of School School diploma			City, state or p country, if		Graduation Date (month/year)
Your school's CEEB Code* (If applicable)	Name of School School diploma			City, state or p		Graduation Date (month/year)
*College Board codes are needed when the state of the sta	APPLICABLE) List A	LL colleges	and universities			
1)	na molado any 202 p	nogramo, n	аррисавіс.			
NAME OF COLLEGE OR UNIVER	RSITY				CEEB CODE	
CITY		STATE OR	PROVINCE		COUNTRY	
DEGREE RECEIVED (OR EXPEC	CTED)	GRADUATI	ON DATE (Month/Yea	r)	MAJOR	
2)						
NAME OF COLLEGE OR UNIVER	RSITY				CEEB CODE	
CITY		STATE OR	PROVINCE		COUNTRY	
DEGREE RECEIVED (OR EXPEC	CTED)	GRADUATI	ON DATE (Month/Yea	r)	MAJOR	
☐ I have attended additional:	schools. (attach on s	eparate she	et if necessary)			
☐ I am a former student of Ne	ew York Film Acaden	ny.				
18. Have you ever been subject to serious disciplinary action or been dismissed from school?						
19. Have you ever been convict	ted of a felony?	☐ Yes	☐ No			
20. Parent/Guardian Contact In	fo					
LAST (FAMILY) NAME		FIRST NAM	E		REL	LATIONSHIP
EMAIL ADDRESS					PHO	ONE NUMBERS
Would you like your Parent/Gua (Please check one)		correspond	lence regarding y	our application, i	ncluding billing	g information?
21. Secondary Emergency Con	_					

FIRST NAME



ASSOCIATE OF FINE ARTS APPLICATION PAGE 4 OF 5

4

Student's Name LAST (FAMILY)	FIRST	MIDDLE
22. Do you have any health issues th	nat NYFA should be aware of?	No Yes (If yes, please describe your health issues below)
	ncouraged to register with the Accessi onyfa.edu; SB: maylen.dominguez@ny	bility Office prior to their program start date. <u>rfa.edu</u>
HOW DID YOU HEAR ABOUT US?	(Select one that most applies. Prov	ide <u>details</u> in the space available.)
TV/Radio Station	Event/School Fair	Referral
☐ Magazine/Newspaper	Outdoor Advertisement	Search Engine
☐ Social Media Network	Website	NYFA Campus/Location
☐ NYFA Cafe	Other	
Black or African American	((Name of tribe if applicable: Native Hawaiian or Other Pac	ific Islander
Other		
Applicant Signature		
documents that I send to The New Yo or duplicated for any purpose. I agree	rk Film Academy become the property o that, if I am admitted to The New York F	d accurate to the best of my knowledge. I understand that al f The New York Film Academy and will not be returned to me Film Academy, my admission is contingent upon verification on appletion of all course work prior to enrolling at The New York
		The New York Film Academy reserves the right to use a student's ther promotional materials or for educational purposes.
Academy. To qualify, students must m		for transfer credit, an award of credit by the New York Film course work, attendance, and the course of study must have y.
program fees. Please note, this does		students will be notified immediately and given a full refund or change the instructional delivery of a program to online due to other expenses not paid to NYFA.
	the right to dismiss students from progr others, or if they cause a disruption of a	ams for poor conduct, poor attendance, lack of preparation, it iny kind.
SIGNATURE		DATE (Month /Day /Year)



ASSOCIATE OF FINE ARTS APPLICATION PAGE 5 OF 5

Student's Name			
	LAST (FAMILY)	FIRST	MIDDLE

APPLICANT PORTAL

The Applicant Portal is the place where you will upload all of your admissions requirements, documents, health forms and other initial enrollment materials. You will receive login information upon completion of your application.

To gain access to your account please visit: https://myapp.nyfa.edu.

For admission requirements visit: https://www.nyfa.edu/admissions/admissions-requirements.php.

