

To Apply by Mail

Name

Address

City

State

Zip

Day Phone

Evening Phone

E-mail

Have you attended *Writing the Medical Experience* before?

Yes No

Past participants do not need to submit work and will be admitted directly.

Program (choose one):

Poetry Prose Enclosed are my writing samples

I would also like:

Housing Meal Plan Pool Access

Scholarship Consideration (my letter is attached)

Please mail along with your \$25.00 application fee

(made payable to The Foundation for the Humanities in Medicine) to:

Debra Finkelstein, *Director of College Events and Summer Programs*

Sarah Lawrence College

1 Mead Way, Bronxville, NY 10708

(914) 395-2412 • E-mail: dfinkelstein@sarahlawrence.edu

www.sarahlawrence.edu/summer

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