

Young Writers Institute

Summer creative writing program for students entering grades 4-8

Registration Deadline: June 1

- University of Pittsburgh
Oakland Campus
July 6-17. (M-F)
9:00 a.m.-noon
- Mt. Lebanon School District
Regional School of Excellence
Mellon Middle School
11 Castle Shannon Blvd.
June 22-26 (M-F) &
June 29-July 1.(M-W)
9:00 a.m.-12:30 p.m.
One extended day: June 26,
9:00 a.m.-3:00 p.m.

The Young Writers Institute is an extended creative writing workshop designed to enable students who enjoy writing to learn more about the writing process and their own work. Students can focus intensely on writing in a supportive and stimulating environment where everyone writes. Students explore multiple genres including poetry, fiction, non-fiction and memoir.

Teachers are fellows of the Western Pennsylvania Writing Project or instructors from the Creative Writing Program of the Department of English, University of Pittsburgh. In a community of writers, students can challenge themselves, getting and giving feedback on new and revised writing.



A program of the Department of English
School of Arts and Sciences,
University of Pittsburgh

The Western Pennsylvania Writing Project
has been a site of the
National Writing Project since 1984.

*The best teachers of writing are teachers
who write.—The National Writing Project*

For High School Students:

A program is offered at
the University of Pittsburgh
July 6-17, 10 a.m.-1 p.m. .
Contact us or visit our [website](#)
for further information
and printable registration form.

Also included in the program: visiting writers,
field trips, final reading and celebration of
writing.

Please note: this is not a remedial program.

(412) 624-6557

wpwp@pitt.edu

www.wpawritingproject.org

YOUNG WRITERS INSTITUTE REGISTRATION FOR STUDENTS ENTERING GRADES 4-8

Please print clearly.

Student name _____

Date of birth _____

___ Male ___ Female

Parent/Guardian's name _____

Street address _____

City _____ Zip _____

Student's home phone with area code: _____

Parent's daytime phone with area code: _____

Alternate emergency contact and phone: _____

Grade entering Fall 2009: _____

Current school _____

School district _____

Previously attended YWI? ___Y ___N

Site you are registering for:

___ University of Pittsburgh

___ Mt. Lebanon

Please place my child in a group with

(Please print child's name):

TUITION & PAYMENT

Please send **full payment of \$295 or a deposit of \$148** with this registration.

Tuition must be paid in full by **June 5**.

Make check or money order payable to the University of Pittsburgh.

Withdrawals from the program may be made until June 5. \$25 of the tuition is non-refundable. No refunds after June 5.

REGISTRATION DEADLINE: JUNE 1

Scholarships are available based on need. A **minimum payment of \$25 is required for students receiving scholarships**. Written verification from your child's teacher or school administrator that the child is eligible from the School Lunch Program is sufficient. If your child does not qualify for school lunch but needs help to attend, please send a letter and a copy of the parents' 2008 W2 tax form. A limited number of scholarships is available, so please apply early.

Please use this checklist for scholarship requests:

___ I am requesting a scholarship.

___ 2008 W2 and letter stating need

___ My \$25 minimum payment is enclosed.
OR verification of school lunch eligibility is enclosed.

**Please mail completed registration, emergency treatment form, and payment to:
Western Pennsylvania Writing Project
526 Cathedral of Learning
University of Pittsburgh
Pittsburgh, PA 15260**

Authorization for emergency treatment

Please print clearly.

I, _____, _____
(Parent's/Guardian's name) (Signature and date)

authorize the staff of the Young Writers Institute to seek emergency medical treatment for my child,

_____,
(Child's name)

in the event that I or my emergency contact cannot be reached.

Emergency contact :

Name: _____

Relationship: _____

Phone: _____

Please specify any items below we should be aware of:

___ allergies: _____

___ medications _____

___ dietary restrictions _____

___ medical problems _____

___ special needs _____