

## YOUNG ACTORS' ACADEMY APPLICATION - \_\_\_\_\_ Year

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Contact Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Age: \_\_\_\_\_; Date of Birth: \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y)

Gender: \_\_\_\_\_ Female / \_\_\_\_\_ Male; Ethnic Origin/Race: \_\_\_\_\_

School: \_\_\_\_\_; Last Grade Completed: \_\_\_\_\_

T-Shirt Size (Adult): \_\_\_\_\_ Small; \_\_\_\_\_ Medium; \_\_\_\_\_ Large; \_\_\_\_\_ X-Large; \_\_\_\_\_ XX-Large

*Applicant complete the Student Information Essay on page 2*

### Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from that of Applicant)*

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

I grant permission for my child to apply to this program and to participate in all activities of the Young Actors' Academy, including the Fall Production. I also allow my child to complete questionnaires designed to evaluate the program. I further permit my child to participate in media events to promote the benefits of the Academy, and to be filmed for promotional and educational purposes, including the Fall production.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Yes, I am completing a Scholarship Application, see page 4.

### Payment Options

Full Payment Included \$525 (**\$475 if received by May 1, 2009**),  Check or  Credit Card.

Three Payment Plan, \$150 payment included with application.  Check or  Credit Card  
\$187.50 payment due June 23, and final \$187.50 payment due July 7, 2009.

**REFUNDS: If child withdraws prior to June 22, all funds paid will be refunded, less a \$100 processing fee. If child withdraws after start of Academy, refund will be prorated plus a \$100 processing fee.**

### Credit Card Information

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ CID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Card Member Signature \_\_\_\_\_

## APPLICANT ESSAY *You may handwrite or type your essay.*

**Applicant's Name:** \_\_\_\_\_

State your interests in the YOUNG ACTORS' ACADEMY.

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State briefly what you wish to gain from the YOUNG ACTORS' ACADEMY.

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State your prior theatre experience, both on stage and back stage. Attach a copy of your Resume if available.

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State SIGNIFICANT achievements, special training, awards or honors you have received related to theatre, music, dance or academic programs.

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***PLEASE proofread your essay.***

# Community or Academic Recommendation Form

## SPOTLIGHTERS Theatre Young Actors Academy

Student's Name: \_\_\_\_\_

*This student has applied to The YOUNG ACTORS ACADEMY at SPOTLIGHTERS Theatre.  
A recommendation by a community program or teacher is needed for acceptance. Please  
complete this form and either mail or FAX to:*

**FUZZ Roark, Executive Director - SPOTLIGHTERS Theatre  
817 Saint Paul Street - Baltimore, MD 21202-2472  
Office: 410-752-1225 ~ FAX: 410-752-1299**

### DIRECTIONS TO COMMUNITY PROGRAM LEADER or TEACHER

Please relate your responses specifically to this student's ability in either theatre or arts programming.

Please rate each behavior on a scale of 1 - 4.

- 4 = Frequently Observed or Demonstrated
- 3 = Occasionally Observed or Demonstrated
- 2 = Seldom Observed or Demonstrated
- 1 = Unable to Observe

This student:

- Demonstrates a high level of interest in theatre or the arts.
- Demonstrates a high level of commitment to theater or the arts.
- Demonstrates a high level of ability in theatre or the arts.
- \_\_\_\_\_ Please indicate specific area: \_\_\_\_\_.
- Demonstrates an ability to work on a task of interest with independence, commitment, and focus for an extended period of time.
- Generates multiple ideas or solutions to problems or questions.
- Demonstrates an ability to set goals and evaluate progress in accomplishing tasks of interest.
- Demonstrates creativity
- Demonstrates motivation
- Demonstrates the ability to work with others, and share responsibility for success or failure.

I recommend this student for The YOUNG ACTORS' ACADEMY. \_\_\_\_\_ Yes / \_\_\_\_\_ No.

Please comment on specific ways this student has demonstrated outstanding abilities, talents, achievements and/or potential for growth in theatre or performing arts. Additional pages may be attached.

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Signature of Community/Academic Program

Date

Please Print Your Name Here \_\_\_\_\_

Daytime Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_