



Our Mission: To provide the Baltimore community with exceptional, creative, diverse and affordable theatrical productions which stimulate and entertain both audience and artist. Spotlighters strives to increase and enhance the community's appreciation for and participation in the experience that is live theatre.

### YOUNG ACTORS' ACADEMY APPLICATION - 2010

\_\_\_\_\_ Middle School Program - 3 weeks (9-13 y/o)  
June 14 - July 1, 2010

\_\_\_\_\_ High School Program - 5 weeks (14-18 y/o)  
June 14 - July 15, 2010

#### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Best 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: Please complete the Student Information Essay on page 2**

#### Guardian Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
*(if different from that of Applicant)*  
City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Best 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Payment Options

##### Middle School Program

**Full Payment Included \$375.**  
(\$325 if paid by May 1, 2010),  Check or  Credit Card.  
 **Three Payment Plan.**  
\$100 payment with application.  Check or  Credit Card  
\$182.50 payment due June 17,  
and final \$182.50 payment due June 24, 2010.

##### High School Option

**Full Payment Included \$575.**  
(\$475 if paid by May 1, 2010),  Check or  Credit Card.  
 **Three Payment Plan.**  
\$150 payment with application.  Check or  Credit Card  
\$212.50 payment due June 17,  
and final \$212.50 payment due July 1, 2010.

**REFUNDS:** If child withdraws prior to June 14, 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: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

**APPLICANT ESSAY**

*You may handwrite or type your essay.*

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

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**State your interests in the YOUNG ACTORS' ACADEMY.**

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**State briefly the skills or experiences 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

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 programing. 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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School/Program Name: \_\_\_\_\_