



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: _____

State your interests in the YOUNG ACTORS' ACADEMY.

State briefly the skills or experiences you wish to gain from the YOUNG ACTORS' ACADEMY.

State your prior theatre experience, both on stage and back stage.

Attach a copy of your Resume if available.

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

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.

Signature of Community/Academic Program

Date

Please Print Your Name Here _____

Daytime Contact Number: (_____) _____ - _____

School/Program Name: _____