

application form teens

2012 SUMMER ACTING INSTITUTE FOR TEENS & MUSICAL THEATRE INSTITUTE FOR TEENS

OR REGISTER ONLINE AT WWW.THEATRELAB.ORG

I am applying to (check all that apply):

- Musical Theatre Institute for Teens I – *Parade* (June 18 – July 14)
- Musical Theatre Institute for Teens II – *Urinetown* (July 16 – August 11)
- Summer Acting Institute for Teens – *Off a Broken Road* (July 16 – August 10)

SECTION A: STUDENT INFORMATION

STUDENT NAME		DATE OF BIRTH
ADDRESS		CITY STATE/ZIP
HOME PHONE	CELL PHONE	EMAIL
PARENT(S)/GUARDIAN NAME(S)		
ADDRESS (IF DIFFERENT FROM ABOVE)		
HOME PHONE	WORK PHONE	CELL
PARENT/GUARDIAN EMAIL		

How did you hear about us?

- Washington Post Washington Parent Washington Families Friends Other _____

SECTION B: STUDENT PROFILE AND ESSAY

On a separate sheet of paper, please list previous theatre training/experience (if any) or attach resume. Please write a brief statement (approximately 200 words) about your interest in the program to which you are applying. What do you hope to gain by participating in this program?

PLEASE NOTE: Sections C and D pertain to need-based scholarships and work-study financial aid. Please skip any sections that are not relevant.

- I am applying for the **Kathy Angelakos Memorial Scholarship for The Summer Acting Institute for Teens** (criteria: exceptional community involvement and financial need)
- I am applying for the **Jane Pesci-Townsend Fund or Dena Kohn Memorial Scholarship for The Musical Theatre Institute for Teens** (criteria: exceptional community involvement and financial need)
- I am applying for **Work Study** (Tuition credit in exchange for hours volunteering for The Theatre Lab)

SECTION C: KATHY ANGELAKOS and DENA KOHN MEMORIAL SCHOLARSHIP APPLICATION

Approximate annual household income: \$ _____ How many people are in your household? _____

On a separate sheet of paper:

- Please explain why you need a full tuition scholarship.
- Please list school activities in which you are involved.
- Please list activities outside of school in which you are involved.
- Please describe in detail your involvement in one extracurricular activity.
- Please list job experiences you have had (if any).
- Please list names and phone numbers of two people who can serve as references for you.

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CONTINUED

SECTION D: WORK STUDY APPLICATION

Each summer The Theatre Lab offers interested students the opportunity to receive a reduction in tuition for the teen institutes by pledging a number of work hours to our organization. The job tasks are primarily clerical, such as helping with organizational mailings, or may involve programmatic responsibilities, such as assisting teachers in the Summer Acting Institute for Kids and cleaning up program sites. Students may apply for 5 to 20 hours of work-study with each hour of work valued at \$10. (Ex: A student awarded 10 hours of work-study will have a \$100 credit applied to his tuition.) Students who participate in the work-study program will develop a work schedule with the program directors and will turn in time sheets detailing the work they have done.

The success of the work program is entirely dependent on the student's commitment to honoring the work pledge he/she has made. We ask, therefore, that students who apply for the work-study program realize the seriousness of the responsibility they are taking on and be fully prepared to fulfill this commitment. (Parents/Guardians: please read Work-Study Agreement carefully before signing.)

Please check any of the following job skills that you possess:

- child care typing computer skills photography phone skills costume design
 videography theatre tech other (please specify) _____

On a separate sheet of paper:

- Please describe past work experiences.
- Please list the names and telephone numbers of two people who can serve as references for you. (You may list teachers, camp counselors, or others who can attest to your suitability for participation in our work program.)

WORK-STUDY AGREEMENT: I am applying for ____ [number between 5 and 20] hours of work-study. If accepted into the work-study program, I will honor this agreement by performing assigned work in a responsible and timely fashion. I understand that all work hours must be completed before the end of this calendar year (12/31/12). *I further understand that any work hours not completed in the agreed time period will constitute a breach of this agreement and payment for the dollar amount of hours owed will be due immediately.*

STUDENT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

DATE

SECTION E: CONFIRMATION

I hereby attest to the truthfulness of the application I am submitting to The Theatre Lab.

STUDENT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

DATE

Please complete and mail or fax this form to:

MAIL: The Theatre Lab, 733 8th Street, NW, Washington, DC 20001

FAX: 202.824.0458

After we receive your application, we will call to schedule an interview.

Date Rec'd Accept Decline Defer Comments:

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