



Application Form

- Summer Professional Musical Theatre Training Program
- Summer Musical Theatre College Audition Prep Program
- Summer High School Musical Theatre Training Program

Type or print your answers in ink on the line above the information requested. Mail this application along with the required materials and application fee to:

CAP21, 18 West 18th Street, 6th Floor, New York, NY 10011
Attn: Ricky Oliver, Director of Admissions and Recruitment

Please Check The Appropriate Program:

Summer Professional Musical Theatre Training Program (Please Specify: Full-Time or Part-Time)

Summer Musical Theatre College Audition Prep Program

Summer High School Musical Theatre Training Program

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial	Male/Female
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PERMANENT ADDRESS:

Home Address	Apartment Number	
City	State	Zip Code
Home Telephone	Cellular Telephone	E-mail Address

Date of Birth (Month/Day/Year)

ABOUT YOUR PARENT(S) OR LEGAL GUARDIAN(S):

Mother or Legal Guardian	Father or Legal Guardian
Address	Address
City State Zip Code	City State Zip Code
Cellular Telephone Work Telephone	Cellular Telephone Work Telephone
Email Address	Email Address

I give permission for the above listed parent/guardian to receive tuition payment information.

TEMPORARY ADDRESS: (school, out-of-town theatre job, etc.)

Address	State	Zip Code	Temporary Address Good Until
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EDUCATIONAL INFORMATION:

Name of School Currently Attending	Current School Year	GPA
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Are you a citizen of the United States? Yes No If no, list Visa status: _____

Please check where you heard about CAP21's Conservatory Programing:

- Performing/Visual Arts Fair Please List Location: _____
- Regional Auditions Please List Location: _____
- School Visit Please List Location: _____
- Facebook Ad
- Website
- Other : _____

Please check the following information (optional): Gender: Male Female Marital Status: Single Married Separated/Divorced

Ethnic Background: Asian or Pacific Islander American Indian or Alaskan Native Black Hispanic White Other: _____

On a separate sheet, please answer the following questions:

1. How did you hear about this program?
2. In which area do you have the most experience? As an actor, singer or dancer?
3. What are your weakest skill areas as you see them today?
4. Do you read music? Do you play a musical instrument? What instrument(s)?
5. What is your voice type? What is your range?
6. Of the shows currently on Broadway, in what role would you most likely be cast?
7. Describe your top three artistic goals for this program.
8. Any physical injuries or issues that might need special attention?
9. Please tell us why you want to train at CAP21 and why we should accept you into this program.

PLEASE CHECK THAT THE FOLLOWING ITEMS ARE ENCLOSED:

- Headshot and Resume
- 2 letters of recommendation (included in this application form)
- High School or College Transcript (for 2-Year Program and Industry Practicum only)
- Non-refundable application fee (please check the appropriate box):

- \$50 Summer Professional Musical Theatre Training Program
- \$50 Summer Musical Theatre College Audition Prep Program
- \$50 Summer High School Musical Theatre Training Program

Methods of payment include personal check, money order or credit card. For credit card payment:

Check one: Visa Mastercard American Express Discover Expiration Date: _____

Card Number: _____ Security Code: _____ Locating security code:



Application will not be considered complete until all information is received by CAP21. At that time you will be contacted for a telephone interview or to select a date for an audition. Please see www.cap21.org for regional audition dates and guidelines for auditions.

SIGNATURE: Please read the following statement and sign below.

I hereby apply for admission into the CAP21 Musical Theatre Training Program specified above. I understand that further information and/or an audition are required before acceptance. An audition is required for the Summer Musical Theatre College Audition Prep Program and Summer High School Musical Theatre Training Program. I understand that withholding information requested on this application or giving false information will make me ineligible for admission or subject to dismissal. I understand that upon acceptance into any of the CAP21 Musical Theatre Training Programs, a **non-refundable deposit** will be required to hold my space. No portion of the application fee is refundable. For tuition payments, CAP21 accepts US personal checks, money order or credit cards.

Collaborative Arts Project 21 (CAP21) reserves the right to refuse admission to any applicant whom, in CAP21's judgment, is not qualified. Students are expected to comply with the rules of conduct and established practices of CAP21, which will be distributed on the first day of class. CAP21 additionally reserves the right to solicit information from personal references provided by the applicant.

I certify that the information given is accurate.

Student's Signature Date

For Students Under 18 Years Of Age Only:

I am fully aware that CAP21 does not provide transportation or housing. I, the parent(s) and /or legal guardian(s) take full responsibility for the transportation and housing of the student during the extent of the program. I have completed this application with the full knowledge and consent of my parent(s) or legal guardian(s).

Student's Signature Date

Parent and/or Legal Guardian Signature Date

Recommendation Form:

Name of applicant

Program:

Summer Professional Musical Theatre Training Program (Please Specify: Full-Time or Part-Time)

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Summer High School Musical Theatre Training Program

To the Person completing this recommendation form:

The CAP21 training programs are designed to train professionals pursuing a career in the performing arts, specifically Musical Theatre. Your candid and thoughtful appraisal of the applicant is essential to our evaluation process. Many students, while intellectually gifted or exceptionally talented, have not yet attained the maturity necessary to manage professional-level study. We ask that you carefully assess the readiness of this particular applicant for an intensive, professional training program.

This form should be returned with the application form.

Thank you for your cooperation.

HOW LONG HAVE YOU KNOWN THE APPLICANT? IN WHAT CAPACITY?

WHAT ATTRIBUTES INDICATE THAT THE APPLICANT WOULD BENEFIT FROM THIS PROFESSIONAL-LEVEL TRAINING PROGRAM AT THE PRESENT TIME? (Please comment on the maturity, motivation, readiness for professional study, acceptance of criticism and concern for others.)

WHAT ATTRIBUTES MIGHT PREVENT THE APPLICANT FROM FULLY BENEFITING FROM THIS PROGRAM? (For example: Lack of discipline, focus, thoroughness or seriousness of intent.)

DOES THE APPLICANT HAVE THE MATURITY TO STUDY IN AN URBAN ENVIRONMENT SUCH AS NEW YORK CITY?

PLEASE DESCRIBE THE APPLICANT'S UNIQUE TALENTS, ABILITIES, QUALIFICATIONS AND DESIRE FOR A CAREER IN MUSICAL THEATRE.

SUMMARY EVALUATION:

I recommend this candidate:

- Without reservation With reservation I feel this candidate is unsuited for the program at this time.

Signature

Printed Name

Date

Title

Email Address

Telephone Number

Address

City

State

Zip Code

CAP21 AMERICA'S
MUSICAL THEATRE
CONSERVATORY &
THEATRE COMPANY

For more information or questions, please contact us.
www.cap21.org • AdmissionsInfo@cap21.org • 212.807.0202

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I recommend this candidate:

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Signature

Printed Name

Date

Title

Email Address

Telephone Number

Address

City

State

Zip Code