



Application Form

- Summer Professional Musical Theatre Training Program
- Summer Musical Theatre Training and College Audition Prep Program
- Summer Pre-College 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: Vernon Goodman, 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 Training and College Audition Prep Program Summer Pre-College 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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For more information or questions, please contact us.
www.cap21.org • AdmissionsInfo@cap21.org • 212.807.0202

Recommendation Form:

Name of applicant

Program:

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

Summer Musical Theatre Training and College Audition Prep Program

Summer Pre-College 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

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