



Recommendation Form

Name of applicant: _____

Program:

High School Intensive Musical Theatre Training Program (Please Specify: Fall Session or Winter Session)

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

2-Year Professional Musical Theatre Training Program

Musical Theatre Industry Practicum and Showcase

Summer Pre-College Musical Theatre Training Program

Musical Theatre College Audition Prep Program

Pre-College Musical Theatre Training Program **AND** Musical Theatre College Audition Prep Program

To the Person completing this recommendation form:

CAP21’s training programs are designed to train artists who aspire to pursue a career in the performing arts. 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/Institution

Telephone Number

Address

City

State

Zip Code