

CAP21 AMERICA'S CAP21 Musical Theatre Training Programs MUSICAL THEATER Application Form

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

<u>Program</u>	;							
☐ High So	chool Weekend Intensive (Please Specify: ☐ Fall Sessio	n or 🗆 Wir	nter Session)				
□ Summe	er 5 week Pre-College 🗆 S	ummer 6 week Professional (l	Full-Time)	☐ Summer 6 week	Professional (Part-Time)			
□ Summe	er Industry Practicum							
□ 2-Year	Professional Program							
PERSO	NAL INFORMATION:							
Last Nam	ne	First Name		Middle Initial	Male/Female			
PERMAI	NENT ADDRESS:							
Home Address Apartment Number								
City	City State			Zip Code				
Telephon	elephone Number E-mail Address							
Date of B	irth (Month/Day/Year)							
ABOUT	YOUR PARENT(S) C	R LEGAL GUARDIAN(S):					
Mother or	r Legal Guardian		Father of	or Legal Guardian				
Address			Address					
City	State	Zip Code	City	State	Zip Code			
Home Te	lephone Number		Home T	elephone Numbe	r			
Work Telephone Number				Work Telephone Number				
Email Add	dress		Email A	ddress				
☐ I give	e permission for the	above listed parent/gu	ardian to	receive tuition	payment information.			
TEMPOR	ARY ADDRESS: (scho	ol, out-of-town theatre job,	etc.)					
Address		State		Zip Code	Temporary Address Good Until			
EDUCAT	IONAL INFORMATION	:						
Name of	School Currently Attend	ing			Current School Year			
Dates of Attendance (Month/Year) To (Month/Year)				Anticipated Graduation Date GPA				

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.

PI	IFASE	CHECK	THAT	THE FOL	OWING	ITEMS	ΔRF	FNCI	OSED:

Headshot and Resume

 2 letters of recommendation (see www.cap High School or College Transcript (for 2-Ye SAT/ACT Scores (for 2-Year Program and I Non-refundable application fee (please che \$100 2-Year Professional Program \$100 Industry Practicum 	ear Program and Industry Practicum only) Industry Practicum only)
Methods of payment include personal check, mone Check one: □Visa □Mastercard □American Expre Card Number: N	
	, money order or credit cards. Application will not be considered complete until all be contacted for a telephone interview or to select a date for an audition. elines for auditions.
SIGNATURE Please read the following statement and	sign below.
are required before acceptance. An audition is required understand that withholding information requested on the subject to dismissal. I understand that upon acceptance will be required to hold my space. No portion of the apparation of the Summer Professional Musical Collaborative Arts Project 21 (CAP21) reserves the qualified. Students are expected to comply with the regularity and the summer Professional Musical Collaborative Arts Project 21 (CAP21) reserves the qualified.	heatre Training Program. I understand that further information and/or an audition of for the Summer Pre-College, 2-Year Program, and Industry Practicum. I his application or giving false information will make me ineligible for admission or se into any of the Musical Theatre Training Programs, a non-refundable deposit plication fee is refundable. <i>NOTE: For the Summer Pre-College Musical Theatre al Theatre Training Program both the deposit and tuition are non-refundable.</i> The right to refuse admission to any applicant whom, in CAP21's judgment, is not ules of conduct and established practices of CAP21, which will be distributed or right to solicit information from personal references provided by the applicant.
certify that the information given is accurate.	
Student's Signature	Date
	tation or housing. I, the parent(s) and /or legal guardian(s) take full responsibility the extent of the program. I have completed this application with the full an(s).
Student's Signature	Date
Parent and/or Legal Guardian Signature	Date

If you have any questions please feel free to contact us:

Vernon Goodman 2-Year & Practicum 212.807.0202 ext 21 vgoodman@cap21.org

Ashley Foley Summer Pre-College/Professional 212-807-0202 ext. 20 afoley@cap21.org

James Bulleri High School Intensive 212-807-0202 ext. 19 jbulleri@cap21.org