



CAP21 Musical Theatre Training Programs

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

Please Check The Appropriate Program:

<input type="checkbox"/> High School Intensive Musical Theatre Training Program (Please Specify: <input type="checkbox"/> Fall Session or <input type="checkbox"/> Winter Session)	
<input type="checkbox"/> Summer Professional Musical Theatre Training Program (Please Specify: <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time)	
<input type="checkbox"/> Summer Musical Theatre Training and College Audition Prep Program	
<input type="checkbox"/> Summer Pre-College Musical Theatre Training Program	
<input type="checkbox"/> 2-Year Professional Musical Theatre Training Program	<input type="checkbox"/> Musical Theatre Industry Practicum and Showcase

PERSONAL INFORMATION:

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

Home Address	Apartment Number	
City	State	Zip Code
Telephone Number	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 Over →	GPA
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Please check where you heard about CAP21's Conservatory Programing:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Performing/Visual Arts Fair | Please List Location: _____ |
| <input type="checkbox"/> Regional Auditions | Please List Location: _____ |
| <input type="checkbox"/> School Visit | Please List Location: _____ |
| <input type="checkbox"/> Facebook Ad | |
| <input type="checkbox"/> Website | |
| <input type="checkbox"/> 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 (see www.cap21.org for the recommendation form)**
- High School or College Transcript (for 2-Year Program and Industry Practicum only)**
- SAT/ACT Scores (for 2-Year Program and Industry Practicum only)**
- Non-refundable application fee (please check the appropriate box):**

- | | |
|--|--|
| <input type="checkbox"/> \$35 High School Intensive Musical Theatre Training Program | <input type="checkbox"/> \$100 2-Year Professional Musical Theatre Training Program |
| <input type="checkbox"/> \$50 Summer Professional Musical Theatre Training Program | <input type="checkbox"/> \$100 Musical Theatre Industry Practicum and Showcase |
| <input type="checkbox"/> \$50 Summer Musical Theatre Training and College Audition Prep Program | |
| <input type="checkbox"/> \$50 Summer Pre-College 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: _____ **Name as listed on the card:** _____

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 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 and College Audition Prep Program, Summer Pre-College Musical Theatre Training Program, 2-Year Professional Musical Theatre Training Program, and Musical Theatre Industry Practicum and Showcase. 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

For more information or questions, please contact us.
www.CAP21.org | AdmissionsInfo@CAP21.org | 212.807.0202

