

Application Form

 Summer Professional Musical Theatre Training Program – Dance Track

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 C	Option:			
☐ Option 1: Ballet, Tap & Jazz	☐ Option 2: Tap & Jazz	☐ Option 3: Tap &	Ballet	☐ Option 4: Ballet & Jazz
☐ Option 5: Jazz	☐ Option 6: Ballet	☐ Option 7: Tap		
□ Option 3. Jazz	Delion of Daller	□ Option 7. Tap		
PERSONAL INFORMATION:				
Last Name	First Name	Middle	 Initial	Male/Female
PERMANENT ADDRESS:				
Home Address		Apartment Numb	 ber	
City	State			Zip Code
Home Telephone	Cellular Telephone E-mail Address		E-mail Address	
Date of Birth (Month/Day/Year)				
TEMPORARY ADDRESS: (sch	ool, out-of-town theatre jo	bb, etc.)		
Address	State	Zip Code	Temporar	y Address Good Until
EDUCATIONAL INFORMATION	l:			
Name of School Currently Attending	Cui	rent School Year		GPA
Are you over 18 years of age? □Yes	□ No			
Are you a citizen of the United States?		status:		
Please check where you heard about	CAP21's Conservatory Programi	ng:		
☐ Performing/Visual Arts Fa	ir Please List Location:_			
☐ Regional Auditions	Please List Location:_			
☐ School Visit	Please List Location:_			
☐ Facebook Ad				
□ Website				
□ Other :				
Please check the following informatio	n (optional): Gender: ☐ Male ☐	emale Marital Statu	s: □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. Any physical injuries or issues that might need special attention?
- 3. 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:

- o Headshot and Resume
- o 2 letters of recommendation (included in this application form)
- o Non-refundable application fèe: \$50 Summer Professional Musical Theatre Training Program Dance Track

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

Check one: □Visa □ Mastercard □Æ	merican Express □Discover	Expiration Date:	
Card Number:	Security Code:	Locating security code:	Visa, MasterCard
Application will not be considered complete ι At that time you will be contacted for a teleph Please see www.cap21.org for regional audi	one interview or to select a daté for an audi	ition.	American Carries 1
SIGNATURE: Please read the following star	ement and sign below.		C F FROST
I hereby apply for admission into the CAP21 are required before acceptance. An audition Musical Theatre Training Program. I unders ineligible for admission or subject to dismissa refundable deposit will be required to hold in personal checks, money order or credit cards	is required for the Summer Musical Theatre and that withholding information requested al. I understand that upon acceptance into a my space. No portion of the application fee	e College Audition Prep Program and on this application or giving false infon any of the CAP21 Musical Theatre Trai	Summer High School mation will make me ining Programs, a non-
Collaborative Arts Project 21 (CAP21) res are expected to comply with the rules of a additionally reserves the right to solicit inform	conduct and established practices of CAP	221, which will be distributed on the	
I certify that the information given is accurate			
Student's Signature	Date		



Recommendation Form:	THEATRE GUINFA
Name of applicant	
Program: Summer Professional Musical Theatre Training Program: Dance Track	
To the Person completing this recommendation form:	
The CAP21 training programs are designed to train professionals pursuing a career in the performi Musical Theatre. Your candid and thoughtful appraisal of the applicant is essential to our evaluati students, while intellectually gifted or exceptionally talented, have not yet attained the maturity new professional-level study. We ask that you carefully assess the readiness of this particular applicate professional training program.	on process. Many cessary to manage
This form should be returned with the application form.	
Thank you for your cooperation.	
WHAT ATTRIBUTES INDICATE THAT THE APPLICANT WOULD BENEFIT FROM PROFESSIONAL-LEVEL TRAINING PROGRAM AT THE PRESENT TIME? (Please the maturity, motivation, readiness for professional study, acceptance of criticism and others.)	e comment on

PLEASE DESCRIBE	THE APPLICANT'S UNIQUE TALENTS, AE	SILITIES, QUALIFICATIONS AND
I LLAGE DEGUNDE		MEITIES, QUALITICATIONS AND
DESIRE FOR A CARE	LEN IN MODICAL THEATNE.	
	LEN IN MOSICAL TILATRE.	
	LIN IN MODICAL TITLATICE.	
	LIN IN MOSICAL TILATRE.	
	LEN IN MOSICAL TILLATRE.	
DESIRE FOR A CARE		
DESIRE FOR A CARE	TON:	
SUMMARY EVALUAT	TON:	unsuited for the program at this time.
SUMMARY EVALUAT	TION:	unsuited for the program at this time.
SUMMARY EVALUAT	TION:	unsuited for the program at this time. Date
SUMMARY EVALUAT I recommend this cand Without reservation	TION: lidate: ☐ With reservation ☐ I feel this candidate is the second decrease of the s	
SUMMARY EVALUAT I recommend this cand Without reservation Signature	TION: lidate: □ With reservation □ I feel this candidate is to the servation □ Printed Name	Date
SUMMARY EVALUAT I recommend this cand Without reservation Signature	TION: lidate: □ With reservation □ I feel this candidate is to the servation □ Printed Name	Date



Recommendation Form:
Name of applicant
Program: Summer Professional Musical Theatre Training Program: Dance Track
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.
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.)

	IGHT PREVENT THE APPLICANT FROM example: Lack of discipline, focus, thorough	
DOES THE APPLICAN AS NEW YORK CITY?	T HAVE THE MATURITY TO STUDY IN AI	N URBAN ENVIRONMENT SUCH
DESIRE FOR A CAREE	ER IN MUSICAL THEATRE.	
SUMMARY EVALUATION	ON:	
I recommend this candid	date:	
☐ Without reservation ☐	☐ With reservation ☐ I feel this candidate is u	nsuited for the program at this time.
Signature	Printed Name	Date
Title	Email Address	Telephone Number
Aller		
Address		
City	State	Zip Code