

## **Recommendation Form**

Name of applicant
Program:
□ 2-Year Professional Musical Theatre Training Program □ Musical Theatre Industry Practicum and Showcase
☐ 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.)
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	IGHT PREVENT THE APPLICANT FROM example: Lack of discipline, focus, thorou	
DOES THE APPLICANT AS NEW YORK CITY?	HAVE THE MATURITY TO STUDY IN A	N URBAN ENVIRONMENT SUCH
	IE APPLICANT'S UNIQUE TALENTS, AB R IN MUSICAL THEATRE.	ILITIES, QUALIFICATIONS AND
SUMMARY EVALUATION	NI:	
I recommend this candid	ate:	
☐ Without reservation ☐	☐ With reservation ☐ I feel this candidate is ι	unsuited for the program at this time.
Signature	Printed Name	Date
Title	Email Address	Telephone Number
Address		
Citv	 State	Zip Code