



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

Program:

- High School Weekend Intensive (Please Specify: Fall Session or Winter Session)
- Summer 5 week Pre-College Summer 6 week Professional (Full-Time) Summer 6 week Professional (Part-Time)
- Summer Industry Practicum
- 2-Year Professional Program

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
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
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
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.

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):**
 - \$100 2-Year Professional Program**
 - \$100 Industry Practicum**
 - \$35 High School Weekend Intensive**
 - \$35 Summer 5 Week Pre-College**
 - \$35 Summer 6 Week Professional**

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:** _____

For tuition payments, CAP21 accepts personal checks, money order or credit cards. 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. I understand that further information and/or an audition are required before acceptance. An audition is required for the Summer Pre-College, 2-Year Program, and Industry Practicum. 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 Musical Theatre Training Programs, a **non-refundable deposit** will be required to hold my space. No portion of the application fee is refundable.

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

High School and Pre-College Program 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

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