

High School Musical Theatre Intensive Training Program

**Application for Admission- Winter 2011
(Friday, January 28th – Sunday, March 20th)**

HOW TO APPLY:

1. Complete the application. Type or print your answers in ink on the line above the information requested.
2. Enclose a headshot or current photo.
3. Enclose a résumé with a description of your performance-related experience and/or training thus far.
4. Send all of the above in one envelope to CAP21 at the address listed below:

**CAP21
18 West 18th Street, 6th Floor
New York, NY 10011
Attn: High School Intensive Program**

5. Please write your name on the top of each Recommendation Form, give to the respondents and have them return the form to CAP21 as soon as possible.
6. CAP21 will then call you to set up either an in-person or phone interview.

**Please feel free to call us at (212) 807-0202 or email
jbulleri@cap21.org if you or your parents have any questions or
concerns.**

High School Musical Theatre Intensive Training Program

Application for Admission- Winter 2011
(Friday, January 28th – Sunday, March 20th)

PERSONAL INFORMATION NAME

Last First Middle Initial Male/Female

Home Address Apartment Number

City State Zip Code

Telephone Number E-mail Address

Date of Birth (Month/Day/Year)

HOW DID YOU HEAR ABOUT THIS PROGRAM?

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

PERSON TO CONTACT IN CASE OF EMERGENCY (IN ADDITION TO THE ABOVE)

Name Relationship To You Telephone Number

EDUCATIONAL INFORMATION

Name of School Currently Attending

Address

City State Zip Code

Current School Year

Dates of Attendance (Month/Year) To (Month/Year)

Approximate GPA

Anticipated Graduation Date

ABOUT YOU

Please tell us why you are applying for this program.

SIGNATURE

Please read the following statement and sign below.

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. If, pursuant to such rules or practices, the withdrawal of a student is required before the end of the program, no portion of the fees or tuition will be refunded. Once the program has started, no refunds will be given. CAP21 reserves the right to ask anyone to leave the program due to excessive tardiness and/or absences and additionally reserves the right to solicit information from personal references provided by the applicant. Upon acceptance into the High School Musical Theatre Intensive Program, **a nonrefundable deposit of \$400 must be received by us within 15 days after notification of acceptance in order to secure your position in the program.** CAP21 accepts Visa/MasterCard/American Express/Discover/Check/Money Order/Cash.

My signature below indicates my strong interest in participating in the High School Musical Theatre Intensive at CAP21. I understand that the program involves a commitment of eight weeks, from **(Friday, January 28th - Sunday, March 20th)** and I will attend all sessions. I understand completion of an interview and the receipt of two completed recommendation forms is required before the application procedure is complete. I also understand that **the tuition for the program is \$1,200.00** and is payable in US Dollars; balance to be paid in full by the first day of the program Friday, January 28th 2010.

My signature below indicates that I am fully aware that CAP21 does not provide transportation to or from its facility on 18 West 18th Street in New York City. I, the parent(s) and/or legal guardian(s) take full responsibility for the transportation of the student to and from CAP21 each and every day of the high school intensive program. I certify that the information given is accurate and that I have completed this application with the full knowledge and consent of my parent(s) or legal guardian(s).

Student's Signature

Date

Parent's and/or Guardian's Signature

Date

High School Intensive Training Program

Recommendation form- Winter 2011

Name of applicant

To the Person completing this recommendation form:

The High School Intensive Training Program is designed to encourage gifted high school students to pursue a career in the performing arts, specifically Musical Theatre. This comprehensive eight-week intensive provides an introduction to the state of the arts today, along with conservatory training. 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 this level of study. We ask that you carefully assess the readiness of this particular applicant for an intensive training program. The applicant will not have access to your comments.

This form should be returned to us as soon as possible.

Please mail it to:

CAP21, 18 West 18th Street, 6th Floor, New York, NY 10011
Attn: High School Intensive Training Program

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 TRAINING PROGRAM AT THE PRESENT TIME? (Please comment on the maturity, motivation, readiness for professional study, acceptance of criticism and concern for others.)

WHAT ATTRIBUTES MIGHT PREVENT THE APPLICANT FROM FULLY BENEFITING FROM THIS PROGRAM? (For example: Lack of discipline, focus, thoroughness or seriousness of intent.)

PLEASE DESCRIBE THE APPLICANT'S UNIQUE TALENTS, ABILITIES,

SUMMARY EVALUATION:

I recommend this candidate:

- Without reservation With reservation I feel this candidate is unsuited for the program at this time.

Signature	Printed Name	Date
Title		Telephone Number
Address		
City	State	Zip Code

High School Intensive Training Program Recommendation form- Winter 2011

Name of applicant

To the Person completing this recommendation form:

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HOW LONG HAVE YOU KNOWN THE APPLICANT? IN WHAT CAPACITY?

WHAT ATTRIBUTES INDICATE THAT THE APPLICANT WOULD BENEFIT FROM THIS TRAINING PROGRAM AT THE PRESENT TIME? (Please comment on the maturity, motivation, readiness for professional study, acceptance of criticism and concern for others.)

WHAT ATTRIBUTES MIGHT PREVENT THE APPLICANT FROM FULLY BENEFITING FROM THIS PROGRAM? (For example: Lack of discipline, focus, thoroughness or seriousness of intent.)

PLEASE DESCRIBE THE APPLICANT'S UNIQUE TALENTS, ABILITIES, QUALIFICATIONS AND DESIRE FOR A CAREER IN MUSICAL THEATRE.

SUMMARY EVALUATION:

I recommend this candidate:

- Without reservation With reservation I feel this candidate is unsuited for the program at this time.

Signature	Printed Name	Date
Title		Telephone Number
Address		
City	State	Zip Code