



Arts at the Capitol Theater

Student Application

2020-2021



*** Application due by January 31, 2020**

Instructions: Read Carefully

1. **Part A** of the written application must be filled out completely. Make sure the release boxes, and parent and student signature lines are completed.
2. **Part B** (Student Essay) should be typed or neatly written on a separate sheet of paper. Your essay must be submitted with this application.
3. **Part C**: Letter of Recommendation
4. Files will not be considered complete until all required forms are submitted and you have completed your **Shadow Experience**. (Shadows are by appointment only. Call ACT at 860-465-5636 to schedule.)
5. When your application file is complete, we will contact you via mail to schedule an audition/portfolio/interview time.

Auditions: Saturday, February 29, 2020/Snow date: March 7, 2020

Part A:

Today's Date: _____ Grade Applying For: 9 10 11 12

Applicant's Full Name: (First) _____ (Last) _____

Mailing Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Age: _____ Date of Birth: _____ Male Female

Race/Ethnic Group: (for data collection purposes only) Hispanic? Yes No

If yes, choose at least one other selection. American Indian Black Asian White Other (specify)

Current School: _____ District: _____

Is applicant receiving special education services? Yes No *(This does NOT in any way affect applicant's eligibility.)*

Current Guidance Counselor's Name: _____

Full Name of Parent/Guardian with whom the applicant resides:
(First name) _____ (Last name) _____

Phone: (Home) _____ (Cell) _____ (Work) _____

(First name) _____ (Last name) _____

Phone: (Home) _____ (Cell) _____ (Work) _____ Primary Home Language(s) _____

_____ (Secondary) _____

Parent/Guardian: I authorize the release of my child's educational/medical records.
 I authorize the use of photographs and video taken during ACT related activities for EASTCONN publications and EASTCONN Web pages.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Parent E-mail: _____

Primary Area of Interest:

Please check your main area of interest in the arts:

- ACTING/VOCAL PERFORMANCE
- AUDIO/VIDEO PRODUCTION
- CREATIVE WRITING
- DANCE
- THEATER PRODUCTION

Secondary Area of Interest:

Please check all that apply.

- ACTING/VOCAL PERFORMANCE
- AUDIO/VIDEO PRODUCTION
- CREATIVE WRITING
- DANCE
- THEATER PRODUCTION

Part B: Student Essay

On a separate piece of paper, write a brief essay telling us about yourself. What is your experience and/or interest in the arts? What do you hope to gain by coming to Arts at the Capitol Theater? *Your essay must be typed or neatly written and attached to this application.*

Part C: Letter of Recommendation

Please have a teacher, guidance counselor, or coach provide comments on your artistic talent and your strengths as a student. This letter may be attached to this application or mailed separately.

Part D: 10th, 11th & 12th grade applicants – include copy of transcript

Please mail application to:
 ACT Magnet High School
 896 Main Street
 Willimantic, CT 06226

If you have any questions regarding ACT, please contact Administrative Assistant Jessica Folta at 860-465-5636 or by e-mail at JFolta@eastconn.org

How did you hear about the ACT full-day program?

- School/Guidance
- Friend
- Facebook
- Radio
- Newspaper
- ACT Web Site
- Other

www.eastconn.org/act