

THE NEW YORK CONSERVATORY FOR THE ARTS MUSICAL THEATRE INTENSIVE

APPLICATION FOR ADMISSION FOR THE 2008/2009 SEASON

Please type or print. Send the completed application form, headshot, resume and a check or money order, payable to NYCAMTI for the \$50 application fee (nonrefundable) to Admissions, NYCA Musical Theatre Intensive, 120 Schildknecht Road, Hurley, NY 12443

AUDITION REQUIREMENTS

Two 1 ½ - 2 minute contrasting monologues; monologues must be from published plays. Two Vocal Selections from Broadway Musicals: 1) Up-tempo, 2) Ballad.

APPLICATION INFORMATION

Legal Name of Applicant: _____
Last First Middle

If you prefer to be called by another name, please note _____ Gender _____

How did you hear about us? Advertisement (publication _____) Referral
 Website (specify _____) Telephone Directory Other _____

Home address _____
Street Apt. City
Country State Zip

Phone _____ Fax _____ Email _____

Date of birth (month/day/year) _____ Place of birth _____

Social Security number _____

Citizenship: U.S. Other* Dual (U.S. and Other*) U.S. Permanent Visa (green card)

*Other county of citizenship _____ First language, if other than English _____

Ethnic or racial heritage (optional) _____

EDUCATIONAL INFORMATION

School you now attend _____

School address _____
City State Zip

School phone _____ School fax _____

Expected year of graduation _____ Type of school (public, private, parochial) _____

School advisor (name and title) _____

NYCAMTI

Office of Admission, 120 Schildknecht Road, Hurley, NY 12443

Phone 845-339-4340 Fax 845-338-1023 E-mail NYCAMTI@nyca.org Website www.nyca.org/nycamti.htm

FAMILY INFORMATION

Parent 1 Full Name _____

Gender Male Female Living Yes No Place of Birth _____

Home address (if different from yours) _____

Occupation (include title and organization) _____

Parent 2 Full Name _____

Gender Male Female Living Yes No Place of Birth _____

Home address (if different from yours) _____

Occupation (include title and organization) _____

Parents' marital status _____

If you do not live with both parents, with whom do you make your permanent home? _____

Please provide Family Medical/Hospital Insurance:

Carrier _____ Policy or Group # _____

REFERENCES

List the names and addresses of three persons whom you have asked to complete recommendations forms (including two of which are from those familiar with the applicant's theatrical work, and one of which is from a teacher giving character reference. All your references must send their recommendation directly to Office of Admissions, NYCAMTI, 120 Schildknecht Road, Hurley, NY 12443.

1. _____
2. _____
3. _____

STATEMENT OF INTEREST

Write a brief statement, no more than one typewritten page in length, explaining your interest in applying to the Musical Theatre Intensive program describing your previous theatrical experiences and future career plans.

CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> Application form | <input type="checkbox"/> Statement of interest | <input type="checkbox"/> Release Form |
| <input type="checkbox"/> Headshot | <input type="checkbox"/> Resume | <input type="checkbox"/> \$50 Application fee |
| <input type="checkbox"/> Video Audition (International Only) | | |

AUDITION DATE

- | | |
|---|--|
| <input type="checkbox"/> February 3rd at NYCA, Hurley, NY | <input type="checkbox"/> March 9th in Houston, TX |
| <input type="checkbox"/> February 16th in San Diego, CA | <input type="checkbox"/> April 6th at NYCA, Hurley, NY |
| <input type="checkbox"/> March 2nd in New York City, NY | <input type="checkbox"/> May 16th in New York City, NY |

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PRINT YOUR NAME AS IT APPEARS ON YOUR APPLICATION _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
(MM/DD/YY) (U.S. Citizens Only)

MEDIA RELEASE

I understand that, upon my acceptance (if I am accepted), NYCA may at times utilize my name and/or photographs for press releases and in promotional vehicles. NYCA may also utilize my appearance in the production of videos, film, or other media which will be expressly used for educational or promotional purposes.

I hereby provide NYCA with permission to utilize my name, photograph, or appearance in press releases, printed materials, or videos described above with no time limitation. I understand this release and agree not to request compensation in such cases.

Signature Date

SIGNATURE

I certify that all information contained in my application for admission to NYCA is true and complete to the best of my knowledge. I understand that false documentation will result in the immediate revocation of any offer of admission or talent assistance and could result in dismissal from NYCA if admitted. I further agree that if admitted I will familiarize myself with and comply with all rules of conduct, policies, practices and procedures of NYCA.

Applicant's Signature Date

Parent or Guardian Signature (If applicant is under 18) Date

The New York Conservatory for the Arts Musical Theatre Intensive is an equal opportunity institution; a project of the Pan American Dance Foundation, Inc., a Not-For-Profit Organization. Decisions by NYCA concerning admission, talent assistance, employment and every aspect of the individual's relationship and participation with NYCA are based on talent and qualifications without regard to race, color, sexual orientation, religion, sex, age, national or ethnic origin, disability, and/or other categories protected by law.

If you have any questions concerning the application form or audition procedures, please call the NYCAMTI Office at (845) 339-4340.

Please do not fax your application. Your application must be mailed one month prior to your audition date.