

# THE NEW YORK CONSERVATORY FOR THE ARTS MUSICAL THEATRE INTENSIVE

## RECOMMENDATION FORM

Please complete the top section of this form, and give it to a director, teacher, or other qualified person. The individual should comment on your work and potential as an actor, singer or dancer. This recommendation form should be returned to NYCA prior to your audition.

(Please print or type)

Name of Applicant: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Thank you for taking the time to comment on this applicant. Our Casting Committee seriously considers the personal qualifications of each applicant. Your evaluation of the applicant is greatly appreciated.

This recommendation is intended solely for use in the admissions process and will not be part of the student's permanent file.

1. Please state your relationship to the applicant: \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_

2. Please place check marks at the points that represent your evaluation of the applicant in comparison with other students.

	Below Average	Average	Above Average	Outstanding
Energy & Initiative				
Responsibility				
Social Maturity				
Self-Confidence				
Dependability				
Classroom Participation				
Disciplined Work Habits				

APPLICANT'S NAME AS IT APPEARS ON THE APPLICATION:

\_\_\_\_\_  
(Please print)

3. Please assess the applicant's abilities and potential for an intensive Musical Theatre training program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please print) \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

Director of Admission  
NYCAMTI  
New York Conservatory for the Arts  
120 Schildknecht Road  
Hurley, NY 12443  
Phone: (845) 339-4340 Fax: (845) 338-1023