

CSSSA Theater Application—2015

POSTMARK DEADLINE: February 28, 2015

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY.

1. THEATER APPLICATION PORTFOLIO

(If you wish to apply to more than ONE department, you must print and complete the application for that department and submit in a separate envelope.)

Theater Portfolio Required Format:

() USB Flash Drive

only accepted file types:

.avi, .mov, or .mp4

(please save all electronic files to one media type)

2. STUDENT INFORMATION

Student Legal First Name: _____ Middle Initial: _____

Legal Last Name: _____

Home Address (mailing): _____

City: _____

State: _____ Zip: _____ California County: _____

Country: _____

Email address: _____

Date of Birth (use numbers): ____/____/____.

Age: _____

Gender: () male () female

Grade Level to be completed as of June 2015: _____

Home Phone: (____) _____ - _____

Student Cell Phone: (____) _____ - _____

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3. PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name: _____

Last Name: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Parent/Guardian Cell Phone: (____) _____ - _____

Email address: _____

4. SCHOOL INFORMATION

Current School: _____

Phone: (____) _____ - _____

Street Address: _____

City: _____

State: _____ Zip: _____

California County: _____

5. ATTENDANCE VERIFICATION

To verify your attendance at a California secondary school, please submit either a current unofficial transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form (page 9).

6. RECOMMENDATION INFORMATION

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be school teachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

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FIRST RECOMMENDATION:

Name: _____

Position: _____

School (if applicable): _____

School Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

SECOND RECOMMENDATION:

Name: _____

Position: _____

School (if applicable): _____

School Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts?

Friend Family Internet Poster Teacher School Administration

Local Arts Organization Other (Specify): _____

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9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?

Physical:

None

Legally blind/visually impaired

Mobility impairment (including orthopedic)

Other impairment (please specify): _____

Communication:

None

Speech impairment

Hearing impairment

Learning disability

Please describe:

10. ETHNIC INFORMATION This question is voluntary. The California State Summer School for the Arts collects this information to conform to new guidelines from the Federal government. This information will not affect any student's application for admission.

Check one:

Decline to state

American Indian or Alaska Native

Asian

Black or African-American

Hispanic

Native Hawaiian or other Pacific Islander

White

Other _____

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11. EDUCATIONAL INFORMATION

How many years have you studied your primary art form?

(1) In your school: _____

(2) Private study: _____

Please describe your education plans beyond high school:

If you attended CSSSA previously, please check the year(s) and indicate department(s):

2011 2012 2013 2014 Department(s):

12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee postmarked on or before February 28, 2015 to the Department you are applying to at:

California State Summer School for the Arts

ATTENTION: Theater Department

P.O. Box 1077

Sacramento, CA 95812-1077

- You MUST write the Department you are applying to on the outside of the envelope.
- A non-refundable \$20 APPLICATION FEE is required:

CHECK or MONEY ORDER made payable to "CSSSA"

VISA MasterCard

Card # _____ Expires Mo. _____ Yr. _____

Three digit security number found on back of card: _____

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

CSSSA Theater Application—2015
California State Summer School for the Arts 2015 Program
RECOMMENDATION FORM
POSTMARK DEADLINE: February 28, 2015

To the Student: **YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!**
Two individual adults need to fill out a recommendation form for you. Please make sure that your two recommendations and all other parts of your application, including the Required Assignments, are submitted in the same envelope postmarked on or before February 28, 2015. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

1. STUDENT INFORMATION

Students please fill in the student information portion of this form before providing it to the individual who will be recommending you.

Student Name: _____

2. RECOMMENDING ADULT: (Teacher, private instructor or other recommending adult).

Name of recommending individual:

Recommender's School Street Address:

City: _____

State: _____ Zip: _____

Email Address: _____

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Recommender's Phone: (____) _____ - _____

Subject Taught: _____

How many years have you known this student and in what capacity:

Indicate below your evaluation of the applicant:

- 1. Interest in chosen area:
 Below Average Average Above Average Superior
- 2. Ability in chosen area:
 Below Average Average Above Average Superior
- 3. Character:
 Below Average Average Above Average Superior
- 4. Cooperation:
 Below Average Average Above Average Superior
- 5. Emotional Maturity:
 Below Average Average Above Average Superior
- 6. Personal Initiative:
 Below Average Average Above Average Superior

Please attach any additional comments.

Signature: _____ Date: _____

3. Return completed form to student (May be sealed for confidentiality) or mail directly to

CSSSA at:

California State Summer School for the Arts
ATTENTION: Letter of Recommendation
P.O. Box 1077
Sacramento, CA 95812-1077

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

This form should be completed by a parent/guardian. You will need information from your filed 2012 or 2013 income taxes (whichever is most recently filed).

Submit only if you wish to be considered for CSSSA financial assistance. Requesting financial assistance will not affect the outcome of your child's CSSSA application. Financial assistance is restricted to California students only.

POSTMARK DEADLINE: February 28TH.

STUDENT INFORMATION

First Name	Last Name
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PARENT/GUARDIAN INFORMATION

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone	E-mail	Are you the: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	

PARENTS ADJUSTED GROSS INCOME (AGI)

Forms: 1040 - Line 37; 1040A - Line 21; 1040EZ - Line 4	\$
Earned by Father/Guardian _____	\$
Earned by Mother/Guardian _____	\$

ANNUAL SOCIAL SECURITY OR DISABILITY BENEFITS

Report benefits received by the entire family. Omit educational benefits. Do no report money included in AGI above. \$

NON-TAXABLE INCOME.....

Include any: <ul style="list-style-type: none"> • Untaxed unemployment compensation • Interest and dividend exclusions • Military, or clergy housing allowances • Untaxed portion of capital gains 	<ul style="list-style-type: none"> • Income from untaxed municipal bonds • Child support • Non-taxable retirement payouts • Non-educational veterans' benefits 	\$
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TOTAL \$

Size of Household

Include parents, all dependent children, and other dependents who you claim.

Number of dependents who will be full-time college students in the fall

Un-Reimbursed Medical Expenses

Only report if your amount of un-reimbursed expenses is greater than 7.5% of your AGI above. \$

In order to complete this financial aid application you must submit:

1. A copy of your filed 2012 or 2013 Federal tax forms, please do not include schedules and black out all Social Security Numbers. If you will not file tax forms, please provide appropriate income documentation.
2. A brief paragraph written by parent/guardian describing any extenuating financial circumstances.
3. Documentation verifying Social Security benefits, if applicable.
4. Documentation verifying un-reimbursed medical expenses, if applicable.

I certify that the information reported on this form is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

CSSSA Theater Application—2015
California State Summer School for the Arts 2015 Program
ATTENDANCE VERIFICATION FORM

POSTMARK DEADLINE: February 28, 2015, with completed application

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript.

- A teacher or counselor from your high school must fill out this form for you.
- Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by the California State Summer School for the Arts.

ATTENDANCE VERIFICATION: To verify your attendance at a secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that _____ (student)

submitting this application is a bona fide student at:

_____ school.

Teacher/Counselor Name: _____

Position: _____

Signature: _____ Date: _____

Mail* this form along with your application and materials by February 28, 2015 to:

California State Summer School for the Arts
ATTENTION: Theater Department
P.O. Box 1077
Sacramento, CA 95812-1077

* You MUST write the name of the Department to which you are applying to on the outside of the envelope.

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

CSSSA Theater Required Assignments—2015

Applicants to the Theater Program must submit completed application and teacher recommendation forms and the two **REQUIRED ASSIGNMENTS**, A and B below. Applicants may submit assignment C, but it is NOT required:

- A. A photograph of yourself. This is a non-competitive application requirement: you do not need to submit a professional head shot. Nothing fancy or expensive is required. A simple Polaroid snapshot, a digital photo printed on plain paper, or any inexpensive photograph which clearly shows your face will suffice. Print your name on the back.
- B. A video audition submitted on a USB **flash drive** only:
1. Introduction: At the beginning, **SIMPLY** tell us your name, your age and where you are from. Then describe your interest in Theater and what you hope to gain from attending the program. (Please be brief - 15 seconds is enough!)
 2. Performance: Do a monologue or solo speech by a single character from a play. Introduce your performance by telling us the name of the work, the author, and the role you will play, but no more information than that. When taping your monologue, keep in mind that the production quality of the video is not as important as making sure that the judges will be able to see you (all of you) and hear you. Please Note: Absolutely **NO GROUP PERFORMANCE VIDEOS, PERFORMANCE DOCUMENTARY VIDEOS OR EXCERPTS FROM DEMO TAPES** will be reviewed.

*ACCEPTABLE file formats for video submission: .avi, .mov, or .mp4. Please do not include files in a format that is native to the program you are using to edit video (if applicable). Auditions submitted on any format other than those outlined above will **NOT** be reviewed.*

C. **Optional Musical Performance:** If you have a strong interest and ability in musical theater, you can include a performance of 16 bars from a song from the American Musical Theater (no pop songs, please). **THIS IS IN ADDITION TO THE REQUIRED INTRODUCTION AND PERFORMANCE** described above. Identify your character, the musical, the situation and the song. Accompaniment is not required. The length of the audition, including introduction, performance, and the optional musical selection, should be **no longer than FOUR MINUTES!** (CSSSA does not offer a separate musical theater program. Musical Theater is a limited-enrollment elective class that students may sign up for on the first day of class).

CSSSA Theater Required Assignments—2014

RETURNING STUDENTS ONLY:

Make sure that your video is of an original audition that shows your growth as an actor since you have been at CSSSA, and state in your introduction why you think you should be given a second opportunity to enroll in the Theater Program. If you previously attended CSSSA in an artistic discipline other than Theater, you must submit a recommendation from a CSSSA instructor in that department.

FOR ALL STUDENTS, PLEASE NOTE:

1. Your audition video must be submitted on a USB **flash drive** only.

*ACCEPTABLE file formats for video submission: .avi, .mov, or .mp4. Please do not include files in a format that is native to the program you are using to edit video (if applicable). Auditions submitted on any format other than those outlined above will **NOT** be reviewed.*

2. Clearly label all assignments, including USB flash drive, with your name and date of birth. VERY IMPORTANT: If you choose to provide the optional musical performance, write the word “musical” above your name on the first page of the application.
3. We DO NOT assume responsibility for the loss or damage of submissions. AUDITION MATERIALS WILL NOT BE RETURNED.
4. Application advice: To increase your chances of being accepted, FOLLOW ALL OF THE ABOVE DIRECTIONS!

Send all application and materials to:

California State Summer School for the Arts
Attn.: Theater Department
P.O. Box 1077
Sacramento, CA 95812-1077