

APPLICATION OF INTEREST
Barbara Ingram School for the Arts

2018- 2019 School Year

Programs: Creative Writing, Dance, Instrumental Music, Theatre, Visual Arts, and Vocal Music

APPLICATION DEADLINE: December 8, 2017

(Please Print or Type)

Today's Date _____

Student Name _____ Male ___ Female
Last Name First Name Full Middle Name

Address _____
Number/Street/Apt. City State/Zip

Primary Phone _____

Student E-mail _____

Birth Date _____

Current Grade: _____ Current School: _____

If not a WCPS Student, have you ever been a WCPS Student and if so, when and where? _____

Mother/Guardian's Name _____

Cell Phone _____ Email _____

Father/Guardian's Name _____

Cell Phone _____ Email _____

Please mark "X" next to the area (s) for which you are applying. (Select no more than 2.)

<input type="checkbox"/> Dance	<input type="checkbox"/> Creative Writing <u>Portfolio submission due by 12/10/17</u> Only students who have passed the portfolio audition will receive an interview.	<input type="checkbox"/> Theatre <i>(Concentration) Circle one:</i> Acting Musical Theatre Technical Theatre
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Instrumental Music <i>List instrument (s) played:</i> _____ _____	<input type="checkbox"/> Vocal Music <i>(Voice Range) Circle one:</i> Soprano Alto Tenor Bass

PLEASE SEE REVERSE SIDE: ADDITIONAL INFORMATION REQUIRED

For Office Use:

APPLICATION RECEIVED _____



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In your own words and in the space provided, please respond to the following questions:

1. Why do you want to attend the Barbara Ingram School for the Arts?

2. What special background, training, interest and abilities do you have in the arts?

3. List the names of two references who can attest to your interests and abilities in the arts. If you are applying to two areas, please provide references for both areas. (References cannot be family members, recommended are teachers and/or arts instructors.)

<i>Name</i>	<i>Position</i>	<i>Phone #</i>	<i>Email</i>
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<i>Name</i>	<i>Position</i>	<i>Phone #</i>	<i>Email</i>
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_____ I give permission for my child to be photographed/videotaped the day of audition for audition purposes only.

<i>Student Signature</i>	<i>Date</i>
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<i>Parent or Guardian Signature</i>	<i>Date</i>
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Mail or deliver by December 8, 2017 to:
Audition Coordinator
Barbara Ingram School for the Arts
7 South Potomac Street Hagerstown, MD 21740

Audition times and information will be mailed.