



ACADEMY FOR YOUNG PERFORMERS SUMMER CAMP
2017 REGISTRATION and SCHOLARSHIP APPLICATION

Part One - Registration

Thank you for your interest in ABT's Academy for Young Performers! Please print all information with the exception of signatures. Incomplete or unsigned forms will not be considered.

This section must be completed by Parent or Guardian. Date:

Student's First Name Student's Last Name Student's School

Parent's First Name Parent's Last Name Student's Age Grade Recently Completed

Home Address

City State Zip

Home Phone Cell Phone Email Address

Table with 2 columns: 2017 Academy Dates and Pricing, Amount. Rows include various programs like Space Rebellion, Beauty and the Beast, Jr., Screen to Stage, Hogwarts Summer School, and Jack and the Beanstalk with their respective dates, ages, and prices.

I am applying for a scholarship. No payment accompanies my application at this time.

Payment Method:

Check # ~ or ~ Credit Card: VISA MasterCard AMEX Discover

Credit Card #: Expiration Date: Security Code:

Signature:



Has your child previously attended ABT's Academy for Young Performers **Summer Camp**?

_____ Yes _____ No If yes, how many times? _____

If not, how did you hear about the Academy **Summer Camp**? _____

Student's T-shirt Size (Choose 1): Youth: S M L Adult: S M L XL

REQUIRED:
In Case of Emergency, Please Contact:

Emergency Contact Last Name *Emergency Contact's First Name*

Emergency Contact Address

Emergency Contact Home Phone *Emergency Contact Cell Phone* *Emergency Contact Email Address*

Known medical conditions: _____ Known allergies _____

Current medications: _____

Please read and sign below.

I understand ABT's Academy for Young Performers Summer Camp classes are held Monday through Friday. I understand that I am responsible for arranging daily transportation for my child. I will sign my child in/out every day, and I will make every effort to have my child attend all camp dates. The information I have provided is complete and accurate. I understand the information will remain confidential.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

NO NEED FOR A SCHOLARSHIP? Please return Pages 1 and 2 to the Arizona Broadway Theatre Box Office with appropriate payment. Thank you!

NEED ASSISTANCE PAYING FOR SUMMER CAMP? Please follow the instructions on Pages 3 and 4, and return your completed application to the Arizona Broadway Theatre. You will be notified of scholarship awards within two weeks.

Part Two – Scholarship Application and Essay

Why is your child applying for a scholarship? _____

Does your child qualify for free or reduced price meals at school? _____ Yes _____ No
 (Answering “no” will not disqualify your child from receiving tuition assistance)

How much of the session fee are you able to afford? _____

On a separate piece of paper, please have your child **hand-write** a one-page essay about why he/she wants to attend Arizona Broadway Theatre’s Academy for Young Performers Summer Camp.

Part Three – Reference Form - please see Page 4

Note: The parent/guardian is responsible for ensuring **Application, Essay, and Reference Form** are returned to the Arizona Broadway Theatre at the address below by April 15, 2017. Questions? Call the Development Office at (623) 707-8842.

Academy for Young Performers Summer Camp
Arizona Broadway Theatre, 7701 W. Paradise Lane, Peoria, AZ 85382

Or fax to (623) 776-9974, Attn: Ellen Versen, Development Director

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 Parent/Guardian Name (Please print)

 Parent/Guardian Signature Date

For Arizona Broadway Theatre Use Only:

Date Received: _____ Session Requested: _____

_____ Application _____ Essay _____ Reference Score: _____

Scholarship Amount Requested: \$ _____ Scholarship Amount Granted: \$ _____

By: _____ Date: _____

Part Three: Reference Form

Parent/Guardian, please have one adult who is *not related* to your family (i.e., teacher, counselor, minister, neighbor) complete this required form.

Name of Student applying for Academy for Young Performers Summer Camp

Reference Name

Reference's Organization

Reference's Organization Address

City

State

Zip

Please respond to all of the following questions:

How long have you known this student? _____ In what capacity? _____

Please rate the student in the following areas:

Below

Average

Above Average

Superior

Interest in the Performing Arts

Character

Cooperation

Leadership

Emotional maturity

Personal initiative

Why do you feel this student should be considered for a scholarship?

Reference Name (Please print)

Reference Signature

Date

Please complete and return this form by Friday, April 14, 2017, to:

AYP Summer Camp
Arizona Broadway Theatre
7701 W. Paradise Lane, Peoria, AZ 85382

or fax to (623) 776-9974
Attn: Ellen Versen