



# THEATRE OF ARTS

## MULTIMEDIA SCHOOL OF ACTING

### APPLICATION FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PHOTO

#### Check List:

- \_\_\_ Completed application form
- \_\_\_ Brief description of your professional goals (typed)
- \_\_\_ \$75 **Non-refundable** application fee

#### International Student Guidelines

- \_\_\_ Financial Statement
- \_\_\_ Bank Statement dated within 3 months of this application
- \_\_\_ Copy of your valid passport (must include government stamp & photo)

Send to:  
Theatre of Arts  
6834 Hollywood Blvd., Suite 500  
Hollywood, CA 90028  
Ph: (323)463-2500  
Fax: (323)463-2645



Performing Arts Training: (Please Attach Resume)

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How did you hear about Theatre of Arts?

- Internet
- Ads
- Backstage West
- Other \_\_\_\_\_
- Current Student
- Staff
- Alumni

### Emergency Contacts

1. \_\_\_\_\_

Name	Relationship to Applicant	Phone
_____	_____	_____
Street _____	City _____	State _____ Zip _____

2. \_\_\_\_\_

Name	Relationship to Applicant	Phone
_____	_____	_____
Street _____	City _____	State _____ Zip _____

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**OFFICE USE ONLY**

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Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted?  Yes  No

Comments \_\_\_\_\_

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Staff Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# FINANCIAL STATEMENT – Three Year

(For International Students ONLY)

Theatre of Arts

6834 Hollywood Blvd, Suite 500, Hollywood, CA 90028 ~ Office: 323.463.2500 Fax: 323.463.2645

## ESTIMATED EXPENSES FOR INTERNATIONAL STUDENTS

		<u>Per year</u>
1.	Tuition	\$19,800
2.	Health Insurance	600
3.	Books, videos, misc. supplies	400
4.	Housing	<u>6,000</u> (at \$500 per month)
<b>Total:</b>		<b>\$26,800</b>

International (F-1) students are required by law to be enrolled full-time (18 hrs/week) in order to maintain status.

\*International students are required to purchase health insurance coverage.

\*\*Theatre of Arts does not have housing facilities. There are many apartments available in the immediate vicinity of the school, ranging in cost from \$500 - \$1,000 per month, depending on the lifestyle and needs of the individual student.

## CONFIDENTIAL FINANCIAL STATEMENT

1. \_\_\_\_\_     /    /     ( ) Married ( ) Single  
 Applicant Name Birth Date
  
2. Financial Status (in U.S. \$). The amount of money you will have with you when you arrive in Los Angeles, or at the time this form is being completed: \$ \_\_\_\_\_  
 Additional money you will receive each month: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_
  
3. Will this amount of money be available for you each year until you complete your educational objective?  
 ( ) Yes ( ) No
  
4. Will you be living free of charge with friends, relatives or financial sponsor? ( ) Yes ( ) No  
 If yes, name and signature of person(s) providing free room and board must be included:  
 \_\_\_\_\_  
 Name(s) Signature Date
  
5. Name of person(s) or institution(s) supporting you if the money is not your own:  
 \_\_\_\_\_  
 Name of Institution(s) Address/Phone Relation to you Occupation
  
6. CERTIFICATION: I accept full responsibility for the payment of educational and living expenses for the above named student during his/her term of enrollment at Theatre of Arts, Hollywood, California.  
 \_\_\_\_\_  
 Guarantor's Name Address/Phone Signature Relation to Student

A bank statement should accompany this form to document either Applicant's ability to cover his/her own expenses, or the Guarantor's ability to support the Applicant.

**PLEASE READ CAREFULLY BEFORE SIGNING: I certify that the above statements on this form are correct and true to the best of my knowledge.**

Applicant's Signature

Date