

# THEATRE & ARTS

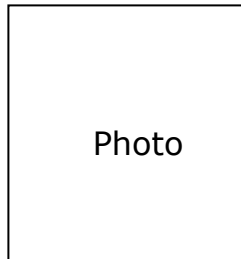
*College for the Contemporary Actor*

James Warwick, President

## Application Form

Name: \_\_\_\_\_

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



Photo

For All Students

### **Check List:**

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Two (2) Letters of Recommendation
- \_\_\_\_\_ Typed description of your professional goals (500 words or less)
- \_\_\_\_\_ \$50.00 **Non-refundable** application fee

### **For INTERNATIONAL STUDENTS Only:**

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

Send to:

Theatre of Arts  
6755 Hollywood Blvd., 2<sup>nd</sup> Floor  
Hollywood, CA 90028  
Ph: (323) 463-2500  
Fax: (323) 463-2645

**Program Information:**

Anticipated starting term:

\*example:  Spring 2011

- Spring (Jan-Apr) 20\_\_
- Summer (May-Aug) 20\_\_
- Fall (Sept-Dec) 20\_\_

**Submitting Application For:** Select one

- Conservatory Program
- Short Term Classes
- ESL

**Personal Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, Alien Resident/Passport Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Status: Visa Type (if any): \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Names Used \_\_\_\_\_

\*Local Address:

\_\_\_\_\_  
Street City State/Province Zip

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Home Phone Cell/Message Phone

\_\_\_\_\_  
E-mail Address @ \_\_\_\_\_.

\*Permanent Address (if different from local address. International Students must put in the address in your home country)

\_\_\_\_\_  
Street City State/Province Zip

\_\_\_\_\_  
Country

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Home Phone Cell/Message Phone

Schools/Colleges/Universities/Programs you have attended:

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Name	Address	Dates Attended
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Name	Address	Dates Attended
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Name	Address	Dates Attended
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Name	Address	Dates Attended
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How did you hear about Theatre of Arts?

- Internet
- Ads
- NACAC
- College Fair
- Thespian Festival
- Staff
- Alumni
- Current Student
- Other \_\_\_\_\_

**Emergency Contacts:**

1. \_\_\_\_\_  
Name Relationship to Applicant Phone

\_\_\_\_\_  
Street City State/Province Zip

2. \_\_\_\_\_  
Name Relationship to Applicant Phone

\_\_\_\_\_  
Street City State/Province Zip

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**OFFICE USE ONLY**

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

Comments: \_\_\_\_\_

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

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

**FINANCIAL STATEMENT**  
(For International Students ONLY)

Theatre of Arts  
6834 Hollywood Blvd., Suite 500., 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 upwards per month, depending on the lifestyle and needs of the individual student.

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**CONFIDENTIAL FINANCIAL STATEMENT**

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ Married { } Single{ }  
Applicants 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 and 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(s) Date

5. Name of person(s) or institution(s) supporting you if the money is not your own:

\_\_\_\_\_  
Name(s)/Institution(s) Relation to you Address/Phone Occupation

6. **CERTIFICATION:** That is to guarantee that 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 Signature Address/Phone 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.**

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Applicant's Signature

Date