



# THEATRE OF ARTS

## 3 YEAR PROGRAM APPLICATION FORM

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NAME

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DATE

PHOTO

### Check List:

- Completed application form
- Two (2) Letters of Recommendation
- High School Diploma (GED) or College Transcripts
- Two (2) page Personal Essay (typed, double space)
- \$200 **Non-refundable** application fee

Send to:  
Theatre of Arts  
6834 Hollywood Blvd, Suite 500  
Hollywood, CA 90028  
323.463.2500 office  
323.463.2645 fax

## Personal Information

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      First      Last      MI  
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      Zip

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

Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

\*Permanent Address (If different from local address. International students must provide address of your home country)

\_\_\_\_\_      Street      City      State      Zip

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

## Program Information

Anticipated start semester

Fall      200\_\_  
Spring      200\_\_  
Summer      200\_\_

College/University/Program you have attended

\_\_\_\_\_  
Name      Address      Dates Attended

\_\_\_\_\_  
Name      Address      Dates Attended

