

THEATRE & ARTS

College for the Contemporary Actor

James Warwick, President

Application Form

Name:

Date:

Photo

For All Students

Check List:

- Complete this application form
- Two (2) Letters of Recommendation
- Typed description of your professional goals (500 words or less)
- \$50.00 **Non-refundable** application fee by check made out to *Theatre of Arts* or attached Credit Card form.
- Audition
Unless you have previously auditioned, we require a memorized monologue up to 2 minutes in length of your choosing. International and/or domestic students living 25 miles outside of Los Angeles can submit an audition via an online viewing site such as YouTube or other digital format by e-mail or mail (see website for details).

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., 2nd Floor Hollywood, CA 90028
Ph: (323) 463-2500 Fax: (323) 463-2645

Program Information:

Anticipated starting term:

*example: Spring 2012

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

Submitting Application For: (Select one)

- Conservatory Program
- Short Term Classes

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:

Name Address Dates Attended

Name Address Dates Attended

Name Address Dates Attended

Name Address Dates Attended

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

OFFICE USE ONLY

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)
Total:	\$26,800	

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.

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.

Applicant's Signature

Date



Credit Card Authorization Form

Current Date _____

Student Name _____

Credit Card Information	<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Other _____					
	Credit Card Number _____ - _____ - _____ - _____					
	Expiration Date _____ CVV Number _____ <small>(3 digits on the back of the CC or 4 digits on the front for AMEX)</small>					
	Charge Amount \$ _____					
	<input type="checkbox"/> One time only <input type="checkbox"/> Recurring					
	<table border="1"><thead><tr><th>Amount</th><th>Date</th></tr></thead><tbody><tr><td>\$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr></tbody></table>	Amount	Date	\$ _____	_____	\$ _____
Amount	Date					
\$ _____	_____					
\$ _____	_____					

Effective Term(s) Fall _____ Winter _____ Summer _____ Other _____

Non tuition Payment Details _____

Cardholder Information	Name _____ <small>(as it appears on the credit card)</small>
	Contact Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other
	Billing Address _____ _____

By signing below, I hereby authorize Theatre of Arts to charge my credit card for the amount specified above for charges including application fee, tuition and materials.

Cardholder Signature _____