

# THEATRE COLLABORATIVE @ MASSASOIT APPLICATION FORM

(Please print, fill in, sign and mail or email this form.)

## **Please Check the Appropriate Program:**

Acting Candidate \_\_\_\_\_ Stage Management Candidate \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/ Guardian Work Phone \_\_\_\_\_ Parent/ Guardian Cell Phone \_\_\_\_\_

Parent/ Guardian Work Phone \_\_\_\_\_ Parent/ Guardian Cell Phone \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_ Current School Year \_\_\_\_\_ GPA \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list Visa Status \_\_\_\_\_

**Please check the following information (optional): Gender** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Background (optional)** : Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_  
Other \_\_\_\_\_

**Reference:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **On a separate sheet of paper please include the essay application question:**

*What do you hope to learn by participating in a pre-professional theatre program that explores both a Shakespeare and a Musical?*

### **Application will not be considered complete until all information is received by Theatre Collaborative**

- Application Form
- Completed Essay Question
- Headshot

### **All Application Materials should be sent to:**

Massasoit Community College  
1 Massasoit Blvd, Brockton, MA. 02302 ATTN: Corinne M. Mason  
or emailed to [theatrecollaborativeprogram@gmail.com](mailto:theatrecollaborativeprogram@gmail.com)

**DEADLINE: April 24, 2017**

### **SIGNATURE: Please read the following statement and sign below.**

I hereby apply for admission into the Theatre Collaborative @ Massasoit Community College. I understand that all applications materials must be received in order for my acceptance to be considered.

Theatre Collaborative reserves the right to refuse admission to any applicant whom, in TMC's judgement is not qualified. Students are expected to comply with the rules of conduct and established practices of TCM, which will be distributed at orientation. TCM additionally reserves the right to solicit information from personal references provided by the applicant.

I certify that the information given is accurate. I give permission for the above listed parent/guardian to receive tuition payment information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Directors: Peter A. Carey and Corinne M. Mason

For more information of questions please contact us.

[theatrecollaborativeprogram@gmail.com](mailto:theatrecollaborativeprogram@gmail.com) or (508) 588-9100 ext: 1056

