



ACTeen Summer Application Form
Summer Application

If you are applying for the June, July, August, or Saturday Summer Academies, please print this application. Fill it out and return it with your application fee, and photo, to the address below. Elaborate on any questions by attaching additional paper if necessary.

Rita Litton, ACTeen Director
35 West 45th Street, 6th floor
New York, New York 10036
Telephone: (212) 391-5915

Applicant's Name

Last: _____ First: _____ Initial: _____

Nickname (prefer to be called): _____

Applying for: June Academy July Academy August Academy Summer Saturday Program

Applicant's Data

Check one: Male Female Birth Date (month/day/year): _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Current Mailing Address

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Tel: () _____

E-mail: _____

Permanent Address (if different from above):

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Tel: () _____

E-mail: _____

Local Newspaper: _____



Parent 1 Information

Last: _____ First: _____ Initial: _____

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Home Tel: () _____ Mobile: _____

E-mail: _____

Organization/Employer Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Business Tel: () _____

Email: _____

Parent 2 Information

Last: _____ First: _____ Initial: _____

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Home Tel: () _____ Mobile: _____

E-mail: _____

Organization/Employer Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Business Tel: () _____

Email: _____

Additional Emergency Contact Person

Last: _____ First: _____ Initial: _____

Home Tel: () _____ Mobile: _____

Parents' Marital Status

Are your parents married separated divorced father deceased mother deceased

Financial Responsibility

Who will assume financial responsibility for your ACTeen program?

Name _____ Relationship to you _____



Applicant Questionnaire

I am completing the _____ yr of study at _____ (Name of School/University)

City: _____ State: _____ Zip: _____

Current GPA: _____ If high school grad, final GPA _____ GED? _____

Clubs or Affiliations: _____

Sports: _____

Hobbies & Interests: _____

Dance Training? Yes ____ No ____ Where? _____

What did you study? When? Duration? _____

Do you sing? Yes ____ No ____ Voice Range: _____

Private lessons? Explain. _____

Acting Schools or Courses Taken? Please explain _____

Performance Experience if any? Please explain or attach resume: _____



“Why are you interested in attending ACTeen? What do you hope to gain from the experience?”

Anything else? _____

Please list two or three available dates to schedule your New York City audition/interview (indicate weekday afternoon/early evening or Saturday preference). _____

We will contact you to confirm your appointment.

(If you are submitting this application as a **Long Distance Applicant** please include a **Letter of Recommendation**, (<http://www.acteen.com/forms.html>) and your DVD or VHS taped audition. See the Long Distance Applicant Information page for further information.)

If you are submitting **as a Long Distance Applicant**: what are the best days and times to telephone you for a **phone interview**? (Does not apply to students auditioning in NYC at ACTeen)

Please sign and date this application, as indication that all the information contained herein (questionnaire and essays) is factually correct and honestly presented by me, the student.

By signing here, I also am verifying that I have read the ACTeen brochure and course descriptions and wish to submit my information for consideration to the ACTeen summer program(s) selected above.

Student Signature: _____ Date: _____

Parent or Guardian’s Signature: _____ Date: _____

Please submit this application form with the rest of your audition/application materials.

Any questions or concerns? Please contact Rita Litton, ACTeen Director,
At (212) 391-5915.