



# Arts at the Capitol Theater

## Student Application

### 2023-2024

**EASTCONN**  
Where Learning Comes to Life

#### Instructions: *Please Read Carefully*

- Part A:** Student application must be filled out completely. Make sure the release boxes and signature lines are completed.
- Part B:** Student Essay should be typed or neatly handwritten and must be submitted with this application.
- Part C:** Letter of Recommendation
- Part D (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grade applicants only):** Copy of high school transcript

**Applications will not be considered complete until all required parts are submitted and you have completed a shadow day.**

Complete the shadow day request form on ACT's website to schedule yours.

When the application is complete, we will contact parents to discuss the audition/portfolio review/interview process.

#### Part A:

Today's Date: \_\_\_\_\_ Grade Applying For:  9  10  11  12

Applicant's Full Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Physical Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing Address: (Street) \_\_\_\_\_  
(if different) (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  Other Gender Identification

*For data collection purposes only. This does NOT in any way affect applicant's eligibility.*

Ethnic Group: Is the student Hispanic?  Yes  No If yes, choose at least one other selection.

Race:  American Indian  Black  Asian  White  Other (specify) \_\_\_\_\_

Current School: \_\_\_\_\_

Current Guidance Counselor's Name: \_\_\_\_\_

*For data collection purposes only. This does NOT in any way affect applicant's eligibility.*

Has the student been receiving services?  IEP/Special Education  504 Plan  English Learner (ELL/LEP)

Full Name of Parent(s)/Guardian(s) with whom the applicant resides:

(First name) \_\_\_\_\_ (Last name) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

(First name) \_\_\_\_\_ (Last name) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Primary Home Language(s) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the release of my child's educational/medical records.

I authorize the use of photographs and video taken during ACT related activities for EASTCONN publications and EASTCONN Web pages.

Parent E-mail: \_\_\_\_\_

### Primary Area of Interest:

Please check your main area of interest in the arts:

- ACTING
- CREATIVE WRITING
- DANCE
- INTEGRATED ARTS & MANAGEMENT
- MEDIA ARTS
- MUSIC
- TECHNICAL THEATER

### Secondary Area of Interest:

Please check all that apply:

- ACTING
- CREATIVE WRITING
- DANCE
- INTEGRATED ARTS & MANAGEMENT
- MEDIA ARTS
- MUSIC
- TECHNICAL THEATER

### Part B: Student Essay

On a separate piece of paper, write a brief essay telling us about yourself. What is your experience and/or interest in the arts? What do you hope to gain by coming to Arts at the Capitol Theater? *Your essay must be typed or neatly written and attached to this application.*

### Part C: Letter of Recommendation

Please have a teacher, guidance counselor, or coach provide comments on your artistic talent and your strengths as a student. This letter may be attached to this application or mailed separately.

### Part D (10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> grade applicants only): Copy of High School Transcript

Mail complete application to:  
Arts at the Capitol Theater  
896 Main Street  
Willimantic, CT 06226

If you have any questions about ACT or the application process, contact Administrative Assistant Jessica Folta at 860-465-5636 or [jfolta@eastconn.org](mailto:jfolta@eastconn.org).

### How did you hear about the Arts at the Capitol Theater?

- School/Guidance    Friend    Facebook
- Radio    Newspaper    ACT Web Site
- Other \_\_\_\_\_



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Fax: 860-465-8115  
[www.eastconn.org/ACT](http://www.eastconn.org/ACT)

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