



Broadway Bootcamp

2016 Program Application

A - STUDENT SECTION

Name of Student: _____ Age (at time Camp begins): _____

School Attending: _____ Grade (entering in the fall): _____

Are there any medical or physical conditions we should be aware of or try to make accommodations for?

Please note that the instructors are all Broadway professionals sharing their experiences and training, not accredited teachers with special needs certification. If you have a special need situation and would like to participate in this program, please discuss it with us ahead of time to ensure we are able to accommodate your needs.

Please list any and all allergies (including food):

B- PARENT SECTION

Parent(s) / Guardian(s) Name(s): _____

Street Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone 2: _____

Email: _____ Additional Email (optional): _____

_____ (check here IF) Available, willing and able to be a **Teacher's Helper** (must be available 9 am – 3 pm)

If Teacher's Helper is checked, please select available dates (circle dates you CAN help):

8/1 8/2 8/3 8/4 8/5 8/8 8/9 8/10 8/11 8/11 8/12

If asked to be a Teacher's Helper, you will be required to submit a **City of Loveland Volunteer Application**, and you will be eligible for up to a \$30 per day credit (based on tuition due out of pocket).

Emergency Contact Name: _____ Emergency Phone: _____

C – SCHOLARSHIP SECTION (If applying for a scholarship, if NOT, skip to section D)

All scholarships will be announced on July 11th without indication as to which type was awarded, Financial Need or Merit. All applications and content contained therein will be kept confidential and only viewed by the Scholarship Committee. **Scholarship Deadline: 3 pm, July 1, 2016.**

Applying for a Scholarship based on (check one):

_____ Financial Need

_____ Merit

_____ Please consider me for either

I am applying for:

_____ Full Scholarship (\$300) – 3 of 4 Full Scholarships will be based on Financial Need and 1 will be Merit Only

_____ Half Scholarship (\$150) – 2 of 4 Half Scholarships will be based on Financial Need and 2 will be Merit Only

_____ \$100 Scholarship – 6 of 12 \$100 Scholarships will be based on Financial Need and 6 will be Merit Only

_____ ANY of the Scholarships listed above

Which of these two options best describes your situation:

_____ I won't be able to attend unless I receive (make a selection below)

_____ the Full Scholarship

_____ a Half Scholarship or better

_____ a \$100 Scholarship or better

_____ A scholarship of any kind would be a help to my family, but I will pay the full tuition of \$300 if I am not one of this year's recipients.

C – SCHOLARSHIP SECTION CONTINUED

PARENT QUESTION:

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? Please briefly explain:

STUDENT ESSAY (WITH HELP FROM THE PARENTS):

Please submit a typed essay, on a separate sheet of paper attached to this application (don't forget to include the student's name) of 500 words or LESS in 12 pt., Times New Roman font, double spaced, that addresses the following questions:

1. Why do you want to attend Broadway Bootcamp at the Rialto and what do you hope to gain from this camp?
2. What do you want to do when you grow up?
3. Do you have any theatrical experience or training? If so, briefly explain.

D – SIGNATURES

PARENT SIGNATURE

To the best of my knowledge, everything in this application is correct and accurate, and I have the authority to sign on the behalf of the student named on this application. I understand that space is limited and full payment for participation is to be made by the due date or I may lose my space. Additionally, I understand that scholarships are limited and will be awarded by the Scholarship Committee whose decisions are final. I agree to pay the balance of the \$300.00 tuition, if any balance exists after scholarships are awarded. I understand there will be no refunds available once payment is made except for extreme cases such as medical emergencies. I understand that I will not be entitled to a refund if my student is asked to leave the program due to disciplinary issues, as solely decided upon by the Rialto Theater Manager, no matter how much of the program remains.

Signature: _____

Date: _____

STUDENT SIGNATURE

I agree to give my best effort to this bootcamp. I will show up on time with a positive attitude and follow the rules, pay attention and listen to the professionals running each session. I understand that if I cause any disruptions, act rude to any of my peers or instructors or break any rules, I may be subject to any of the following measures: verbal warning, a private conversation including my parent, or being asked to leave the session or possibly the remainder of the entire program, depending upon the severity and nature of the offense, to be solely decided upon by the Rialto Theater Manager.

Signature: _____

Date: _____

E – APPROVED SIGNERS

All students under the age of 14 must be signed out at the end of each program day. Only parents/guardians, approved signers and emergency contacts are permitted to sign out students. This form can be amended by parents/guardians at any time, in person. Phone calls will not be accepted as a form of sign-out approval. Approved signers can be anyone you deem having a potential need to do so such as grandparents, uncles/aunts, parents of other students in the Bootcamp, baby-sitters, etc.

ADDITIONAL SIGNER: _____

ADDITIONAL SIGNER: _____

ADDITIONAL SIGNER: _____

ADDITIONAL SIGNER: _____

ADDITIONAL SIGNER: _____

ADDITIONAL SIGNER: _____

IMPORTANT DATES:

Scholarship Applications Deadline: 3 pm, July 1, 2016

Scholarship Awards Announced: Monday, July 11, 2016 at 12 noon

Tuition Balance Due: Tuesday, July 26, 2016 by 5 pm. All enrollees after this date must pay the full tuition at time of registration.

Return Applications to the Rialto Box Office, or mail to: Rialto Theater Center; RE: Broadway Bootcamp, 228 East Fourth Street, Loveland, CO 80537