



SUMMER INSTITUTE ADVANCED TEEN CONSERVATORY APPLICATION

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian's Name: _____

Email: _____ Work/Cell Phone: _____

Parent/Guardian's Name: _____

Email: _____ Work/Cell Phone: _____

Have you attended classes at the Workshop? Yes No

If yes, when? _____

If no, how did you hear about Piven? _____

Current School: _____ Grade: (*Fall 2010*) _____

The most recent book read: _____

Favorite book: _____ Reason: _____

The most recent play seen: _____

Favorite play: _____ Reason: _____

Please submit this form with the following:

- 1) a resume or list of theatre experience (including any training or classes taken)*
- 2) a letter expressing why you want to be in the Conservatory and what goals you wish to accomplish over the summer*
- 3) a completed registration form (and scholarship application if applicable)*