



Actor's Professional Theatre Conservatory 2019 Summer Scholarship Application

www.aptcconservatory.org

Thank you for your interest in the Actor's Professional Theatre Conservatory *Dave Wilson Memorial Scholarship*. Please fill out the application below and return with a letter of recommendation from a teacher to aptcconservatory@gmail.com no later than April 15th, 2019. If you have any questions, please do not hesitate to email or call us at (929) 269-4352.

Please check the session you are interested in attending:

Intro to APTC (Day Camp 10am-5pm) July 7th-July 13th-Gettysburg, Pennsylvania

Ages 10-13

Cultivate and expand your artistic talents during the intensive Intro to APTC sessions. Designed to educate and enrich our 10-13 year old young artists, this one-week summer day camp was created for beginning and intermediate young artists, who love to sing, dance and perform. Throughout the week, students' talents will be fostered as they receive in-depth exposure to all facets of the theatrical world including costume and set design, learning professionally choreographed dance routines, exploring vocal technique, one-on-one acting instruction, and more. The week will culminate with the production of an original piece of art for all of their family and friends to enjoy.

Ensemble Experience (Two Week Overnight) July 1st-July 14th-Gettysburg, Pennsylvania

Ages 13-17

This two-week intensive conservatory is designed to challenge our 13- 17 year old young artists with hands-on instruction at the intermediate- advanced level. Throughout the two weeks, young artists will receive one on one instruction from working professionals based in NYC and across the country. Young artists will gain experience in auditioning, voice, dance, and acting technique. This two week intensive will culminate in a full length production featuring every young artist for family and friends to enjoy!

Young Artist Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Daytime Telephone Number: _____

Age of Young Artist: _____

Email address of parent/guardian: _____

What school do you attend? _____

Where did you hear about the scholarship program? _____

If you do not receive a scholarship, will you still be able to attend the program? _____



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To be completed by the Young Artist:

This scholarship provides candidates the opportunity for growth in the following areas: professional training, network development, mentorship, and production opportunity. Using the questions below, please outline your specific and individual needs in these areas. What skills and experiences do you need to reach the next level of your artistic journey? We are not looking for generalized statements of need. BE SPECIFIC. We want to know YOU.

- 1.) Why are the performing arts important to you? What role do the performing arts play in your life?
- 2.) How will a scholarship with APTC help you grow as an artist? What do you hope to learn at APTC this summer? BE SPECIFIC.
- 3.) If you could change the world for the better through the arts, what would you do? How would you use the arts to make an impact?
- 4.) What kind of artist do you strive to be? What kind of artists do you hope to work with? Why?
- 5.) If you could sit down with any artist (both living or not) what would you ask them?
- 6.) What is the scariest thing to you about being an artist today?
- 7.) Is there anything else you would like to tell us about yourself?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, according to Actor's Professional Theatre Conservatory company policy, I must be registered for the program by the registration deadline to receive my scholarship award.

APTC does not and shall not discriminate, and will take affirmative actions to ensure against discrimination on the basis of race, color, religion, creed, gender identity, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Signature of scholarship applicant: _____

Parent/Guardian signature: _____

Date: _____

SUBMIT COMPLETED APPLICATIONS BY APRIL 15TH TO:
aptcconservatory@gmail.com



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To be completed by the Teacher:

(Please give this page to the teacher recommending you for the scholarship.)

Thank you for taking the time to recommend your student for the Actor's Professional Theatre Conservatory *Dave Wilson Memorial Scholarship*. Since 2008, APTC has been the year-round proving ground for developing extraordinary talent in our young artists. During our summer program, young artists will receive one on one instruction from working professionals based in NYC and across the country. Young artists will gain experience in auditioning, voice, dance, and acting technique. We are proud to offer scholarships to afford passionate young artists throughout the country the opportunity to learn and grow as an artist.

Kindly fill out the form below and include a short letter explaining why this young artist would benefit from attending our program, what this young artist brings to the classroom environment, where do you see strength artistically and what do you see as an area of growth for them artistically? Please submit both to aptcconservatory@gmail.com by April 15th, 2019. Please feel free to reach out to us at any time by email or at (929) 269-4352 if you have any questions. Thank you so much for your contribution to and support of arts education!

At APTC, we truly believed that through the performing arts, we can enrich and enhance the lives of others...One Young Artist at a Time.

Name: _____

School: _____

Subject/Grades you Teach: _____

Email Address: _____

Phone Number: _____

Are you interested in receiving more information about APTC for your students? _____

Signature: _____

Date: _____

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