

THE AILEY SCHOOL - APPLICATION / AUDITION FORM

OFFICIAL SCHOOL OF ALVIN AILEY AMERICAN DANCE THEATER

Indicate the term(s)/ program(s) you are auditioning for:

Summer 20____ Fall 20____ Spring 20____

Independent Study Certificate Program
 Summer Intensive Scholarship Program

To be entered by Audition Panel.

AUDITION #: _____

AUDITION CITY: _____

AUDITION DATE: _____

Please **PRINT CLEARLY** each of the following sections:

A. PERSONAL INFORMATION:

Name			
Date of birth	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security #			
Mailing Address			
City, State, Zip, Country			
Home Telephone	Cell phone		
Current E-mail address for <u>Audition Result notification.</u>	Note: (Audition Result will also be emailed to parents if student is under 18 yrs. of age)		
Permanent Address			
City, State, Zip, Country			
Telephone	Cell phone		

B. INTERNATIONAL STUDENT INFORMATION - Section B for international students only

Country / City of Birth			
Country of Citizenship	Do you reside in U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of visa do you currently have (if any?)	<input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> B-2 Tourist <input type="checkbox"/> Other _____	Passport #	Expiration date
If F-1 or M-1, enter SEVIS I.D. # (if known)			

C. PARENT / GUARDIAN INFORMATION:

Name	Relationship to you
Contact e-mail address	Cell phone

D. GENERAL INFORMATION

Have you applied to any programs at The Ailey School before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If accepted, which programs?	<input type="checkbox"/> Certificate <input type="checkbox"/> Independent Study <input type="checkbox"/> Summer <input type="checkbox"/> Scholarship <input type="checkbox"/> BFA
How did you find out about our school?	<input type="checkbox"/> dance teacher <input type="checkbox"/> Ailey company performance <input type="checkbox"/> poster or Flyer <input type="checkbox"/> magazine or publication <input type="checkbox"/> friend(s) <input type="checkbox"/> other _____
May we share your name and contact information with other incoming Ailey students?	<input type="checkbox"/> YES <input type="checkbox"/> No

E. DANCE TRAINING: Please indicate how many months / years you have studied each of the following techniques:

TECHNIQUE/ DANCE STYLE	TEACHER(S)	DATES OF STUDY
BALLET		
HORTON		
GRAHAM-BASED MODERN		

F. DANCE EDUCATION HISTORY: *Please list Dance Studios / Dance Schools attended*

Current School Name			
Address (City, State)			
Years in Attendance	_____ to _____	# of classes Weekly	
Techniques Studied			
Previous School Name			
Address (City, State)			
Years in Attendance	_____ to _____	# of classes attended weekly	
Techniques Studied			

F. ACADEMIC EDUCATION HISTORY: *Please list High School and College or Universities attended*

High School Name					
Address (City, State)					
High School attendance and graduation information →	Years in attendance _____ to _____	Did you receive a H.S. diploma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you have not yet received your diploma, please indicate the date you will graduate	
Techniques Studied					
	<i>Please list any schools (colleges or universities) you have attended after High School</i>				
College/University Name					
Address (City, State)					
Years in Attendance	_____ to _____	Year degree Received		Year degree Expected	
Degree	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MFA <input type="checkbox"/> Other _____				
Dance Techniques Studied					
Dance Academics Studied					

FACULTY AUDITION EVALUATION (For School Use only)

Student is accepted to: Certificate Summer Intensive Independent Study Scholarship BFA

Staff Evaluation and comments:

Ballet level _____

Horton level _____

Modern level _____

Faculty initials:

Other:

U.S. Int'l. DECLINED