

HSA PREP APPLICATION 2011–2012

MUST BE RECEIVED BY AUGUST 31, 2011

645 Saint Nicholas Avenue @ 141st Street New York, NY 10030 T 212.926.4100 F 212.926.8653 www.hsany.org

<p>How did you hear about us?</p> <p><input type="checkbox"/> Family Member <input type="checkbox"/> HSA Staff <input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Live in neighborhood <input type="checkbox"/> HSA Website <input type="checkbox"/> Mailing</p> <p><input type="checkbox"/> Postcard / Flyer <input type="checkbox"/> Advertisement <input type="checkbox"/> Subway</p> <p><input type="checkbox"/> Other : _____</p>	<p>OFFICE USE ONLY</p> <p>Registration Date _____</p> <hr/> <p>Please check the discipline that you are interested in and would like to apply for:</p> <p><input type="checkbox"/> Music <input type="checkbox"/> Theatre</p> <p><input type="checkbox"/> Dance <input type="checkbox"/> Visual Arts</p>
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STUDENT INFORMATION

A separate registration form should be completed for each member of the family registering for classes. Please note that a * indicates information that is requested for students under the age of 18.

Gender male female Age _____ yrs old Date of Birth ____ / ____ / ____

Last name _____ First name _____

School* _____ Grade* _____

Ethnicity African American/Black Hispanic Asian Caucasian Native American Other: _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Parent or guardian 1* _____ Relationship _____

Phone _____ Email _____ Company _____

Parent or guardian 2* _____ Relationship _____

Phone _____ Email _____ Company _____

CLASSES (FILLED OUT WITH ADVISOR)

NAME OF CLASS	DAY	TIME	REG ID

PRIVATE LESSONS (FILLED OUT WITH ADVISOR)

Teacher assignment is made in consultation with HSA. Private lesson placement will be made once student is accepted.

Instrument _____

Teacher _____

Preferred day: T W TH F S _____

Preferred Time: morning afternoon evening _____

Length: 30 min 45 min 60 min _____

OFFICE USE ONLY

No. of lessons _____

Room Assignment _____

Tuition \$ _____

Music materials fee \$ _____

Discount \$ _____

TOTAL \$ _____

HSA PREP SCHOLARSHIPS

HSA Prep students are awarded full scholarships annually. Awards are determined by audition and review by departmental committees. Students receiving Prep scholarships will receive written notification of acceptance to the program.

APPLICATION FEE

Upon acceptance to program	\$ 175.00
TOTAL	\$ 215.00

PAYMENT OPTIONS

Certified Check Money order Cash \$ _____ (in person only) Credit or Debit Card

Please charge my: Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Name (as it appears on card) _____ Sec. Code _____

Billing Address _____

City _____ State _____ Zip _____

Signature of student or parent/guardian on this form signifies registrant's agreement to abide by all regulations and financial conditions as set forth in the HSA catalog on pages 50–53.

Signature _____ Date _____

Please complete the section for which you are applying

DANCE

(complete only if you are applying for this department)

Have you attended HSA before? If so, what department? _____

How many years? From: _____ To: _____

What dance techniques are you interested in?

Please list the type of dance training you've had, as well as the number of years in which you trained in that specific dance form:

Type of Dance

Number of Years

School/Teacher(s)

MUSIC

(complete only if you are applying for this department)

Have you attended HSA before? If so, what department? _____

How many years? From: _____ To: _____

What is your primary instrument? _____ Secondary instrument _____

How long have you been studying your primary instrument? _____

Have you ever taken private lessons? If so, please provide the following:

Name of School

Teacher

Number of Years

Have you ever performed in any ensemble such as orchestra, choir, or band? If so, how long?

THEATRE

(complete only if you are applying for this department)

Have you attended HSA before? If so, what department? _____

How many years? From: _____ To: _____

2) Do you have any other acting/theatrical training outside of HSA? Yes No

If yes, please describe:

3) What acting skills do you have and what would you like to work on?

4) Please list any voice and movement training you've had, as well as the number of years in which you trained in that form:

Company/School

Teacher

Number of Years

VISUAL ARTS

(complete only if you are applying for this department)

Have you attended HSA before? If so, what department? _____

How many years? From: _____ To: _____

If you've had training outside of HSA, please describe the training:

What other talent/skills do you have or would like to work on?

ESSAY TOPIC

To Be Completed By All Applicants (please submit 1-2 pages)

How will the HSA Prep Program's Training impact your life as an artist?

APPLICATION CHECKLIST

A complete application packet **MUST** include **ALL** of the following:

Please check

- Application - ALL LINES COMPLETED
- Completed essay attached to the application (1-2 pages, must be typed)
- Latest report card
- Principal or guidance counselor recommendation (*May be submitted in mid September*)
- Recommendation from principal arts teacher

I certify that the information offered in this application is true and complete. If admitted, I understand that HSA Prep requirements are to:

- Exhibit respect to HSA faculty, staff and administration by following the rules and regulations as listed in "Policies and Procedures" of the HSA catalogue.
- Maintain proper conduct in and outside the classroom.
- Comply with the required dress code when attending class (*this applies to dance only*).
- Participate in the program for the entire year's duration.
- Participate in the end of year performance and, with notice, any other performances scheduled by HSA during the term of the program.
- Work at least 4 hours a week in my respective department

Applicant Signature

Date

Parent Signature

Date