



NEW BEDFORD  
FESTIVAL ♦ THEATRE

684 Purchase St ♦ New Bedford, MA 02740 ♦ Phone: (508) 991-5212 ♦ Fax: (508) 991-2170

## 2017 SUMMER ACADEMY APPLICATION

(Please print or type all information)

Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In a well-structured 3-5 paragraph essay explain your experiences in Theatre and what you hope to gain from your Summer Academy experience. (Please complete on the reverse side of this sheet or attach the essay on a separate sheet.) You must also have the TEACHER RECOMMENDATION FORM filled out and signed by you teacher/instructor.

Choose 4 main areas of interest – number 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>

\_\_\_ Stage Crew    \_\_\_ Set Construction    \_\_\_ Props    \_\_\_ Costumes    \_\_\_ Lighting

\_\_\_ Sound    \_\_\_ Stage Management    \_\_\_ Promotion    \_\_\_ Production Office

The Festival Theatre Summer Academy is designed to give high school students interested in theatre an opportunity to work closely with theatre professionals and learn the basics of theatrical production in a professional setting. At the end of the program each participant is given a stipend according to the amount of time spent in the program.

The Summer Academy will run (tentatively) JULY 3 – 31, 2017.

This APPLICATION and the TEACHER RECOMMENDATION FORM must be returned by May 12, 2017 to New Bedford Festival Theatre 684 Purchase St. New Bedford, MA 02740

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_