

## Application for Diploma Program Admission

1556 Wisconsin Avenue, NW Washington, DC 20007 202-333-2202 | info@theconservatory.org www.TheConservatory.org

Semester: Fall

Spring
Summer 20\_\_\_\_

Session: Day Ensemble M-F, 11am-3pm

Evening Ensemble M-F, 6pm-10pm

## **Applicant Information**

Name:					
	Last		First		Middle
Address:	Niverban and Chroni				
	Number and Street			Apt.	
	City			State.	Zip
Phone:	(	Mobile	Home		
Email:					
Date of Birth:	/	Are yo	u a U.S. Citizen?	Yes No	
			hat citizenship		
		do you	hold?	Country	
				Type of Visa	
Military Service:	Are you a Veteran?	Yes No			
	Are you eligible for VA Education Benefits?	Yes No			
	If yes, which Benefit Program?				
Emergency Contact:					
	Name		Relatio	onship	
	Email		Phone		

# Educational Background A complete list of all previous schools/colleges attended

			YES NO
Name of High School	Years Attended	Graduation Date	Degree Earned?
City/State			
Name of College/University - Undergraduate	Years Attended	Graduation Date	YES NO  Degree Earned?
City/State			
Name of College/University - Undergraduate	Years Attended	Graduation Date	YES NO  Degree Earned?
City/State			
Name of College/University – Postgraduate	Years Attended	Graduation Date	YES NO Degree Earned?
City/State			
Trade School/Other Training	Years Attended	Graduation Date	YES NO  Degree Earned?
City/State			
Medic	cal Information		
1. Do you have any medical conditions that v	ve should know abo	out while you are in sch	ool\$
<ol><li>Are you currently under the care of a physic</li></ol>	cian or taking part	in therapy that we shou	ld be aware of

3. Are you taking any medications that we should be aware of while you are in school?

4. Do you have any allergies of which we should be aware?

while you are in school?

## **Technology Inventory**

Information in this section is requested solely for the purpose of accessing distance learning readiness.

Cell Phone Make/Model:			Tablet Make/Model:	
Computer Make &				
Operating System:				
Internal/External				
Computer Webcam:	YES	NO		
Internal/External				
Computer Microphone:	YES	NO		
Internal/External				
Computer Speakers:	YES	NO		
Ring Light:	YES	NO		

## Parent/Guardian Information (Required for applicants under 21 years of age)

Parent/Guardian Name	Phone
Address	Email
Parent/Guardian Name	Phone
Address	<u>Email</u>
Spouse Info	rmation (If applicable)
Spouse Name	Phone
Address	

## **Privacy Act Statement**

Information in this section is requested solely for the purpose of required state and federal reports. Disclosure is voluntary. *Please choose of the following that best describes your ethnic background:* 

Nonresident Alien Black or African American Native Hawaiian of Other Pacific Islander Hispanic – any race Two or more races American Indian or Alaskan Native White Asian

## Goal Statement & Essay

Goal Statement & Essay
1) Please write about why you have chosen to become an actor and your personal artistic goals. We encourage you to write frankly and openly about your life, your connection to your art, and how you see your art connecting to the world. Share your passion about people, politics, other art forms or anything that speaks to you.
2) Please describe your ability and desire to pursue professional actor training in a world where distance learning (including online lectures, rehearsals, and performances) might be utilized.

#### References

Please list three (3) professional or educational references whom we may contact.

Reference 1 Name	Relationship
Email	Phone
Reference 2 Name	Relationship
Email	Phone
Reference 3 Name	Relationship
Email	Phone

## **Transcripts**

An official high school transcript, proof of GED, or college transcript is required for admission. Report cards, grade reports, and other student records are not considered official transcripts.

#### **How to Submit Transcripts:**

- Contact your school and request an electronic record of your academic progress, including grades earned, sent directly to <a href="mailto:amandahaddock@theconservatory.org">amandahaddock@theconservatory.org</a> by a secure service (such as Naviance, eSCRIP-SAFE, or other system). Scanned, emailed, or uploaded copies are NOT considered official.
- Contact your school and request a paper record of your academic progress, including grades earned, sent in a sealed envelope directly from the issuing institution to:

The National Conservatory of Dramatic Arts Office of Admissions 1556 Wisconsin Avenue, NW Washington, DC 20007

## **Admissions Check List**

#### Before you submit, double check your application.

- Completed and signed application
  - Semester and session have been noted (top of application)
  - Goal statement has been completed
  - Three professional or education references have been listed
  - o Emergency contact information has been provided
  - Best email and phone number has been provided
- Transcripts have been requested

Applicant Signature	Date
Printed Name	

I understand that I am responsible for submitting complete and accurate information on my application form and in all related application materials. I certify that the information contained in this application form and in all application materials is complete and accurate, and I understand that submission of inaccurate information by me or at my direction may be sufficient cause for terminating my enrollment. I understand that I am required to notify Admissions if any of the information provided on this application for admission changes after submission. The National Conservatory of Dramatic Arts reserves the right to alter terms of admission, up to and including revocation of the admission offer, if necessary.