

Application for Admission to SFT's

SUMMER IN THE CITY

Four-Week Program

We advise prospective students to submit their applications early, as class space is limited.

The following items must accompany this application:

- + A non-refundable application fee of \$30, payable to the New York Conservatory for Dramatic Arts.
- + A recent photograph of you.

FULL LEGAL NAME

Mr. Ms. _____
Circle One Last First M.I. Social Security Number

CURRENT ADDRESS

Number Street Apartment Number

City State/Province ZIP/Postal Code Country

PERMANENT LEGAL ADDRESS (if different from above)

Number Street Apartment Number

City State/Province ZIP/Postal Code Country

CONTACT INFORMATION

(_____) _____ (_____) _____ (_____) _____
Daytime Telephone Evening Telephone Cell Phone

E-mail Address _____

GENERAL INFORMATION

Which section are you applying for? June July

Interested in: Technique Level Performance Level Date of Birth _____ / _____ / _____
Month Day Year

Yes No Are you a U.S. citizen? If not, of what country are you a citizen? _____

Yes No Are you a permanent resident of the U.S.?

OPTIONAL (please check one): Black, Non-Hispanic Native American White, Non-Hispanic
 Asian or Pacific Islander Hispanic Other

Yes No Will you need student housing?

Highest Level of Education: In High School Finished High School Some College College Graduate School

Guidance Counselor: _____

Yes No Are you interested in financing and payment plan options?

Yes No Are you interested in auditioning for a scholarship?

How did you initially learn of the New York Conservatory for Dramatic Arts?

Newspaper Ad Magazine Ad Poster in High School E-mail Internet Search Teacher/Counselor Friend

Local Newspaper Name _____

Please list your performing arts training/experience:

DISCLAIMER

The Family Educational Rights and Privacy Act of 1974 provides that schools may not release information about students or let anyone else look at their records (with certain exceptions) without the students' written consent. While this law applies only to enrolled students, SFT's policy is to protect the privacy of applicants. SFT admits students of any race, color, sex or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to enrolled students at the school. It does not discriminate on the basis of sex, race, color, sexual orientation, disability or national or ethnic origin in administration of its educational policies, scholarships or other school-administered programs.

I attest that all information on this application is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Parent's or Guardian's Signature if Applicant is Under the Age of 18 _____

Please Print Name and Relationship to Applicant _____

Phone Number _____

PLEASE MAIL THIS APPLICATION AND ALL ADMISSION DOCUMENTS TO:

The Office of Admission
The New York Conservatory for Dramatic Arts
39 West 19th Street, New York, NY 10011

1.888.645.0030

E-mail: admission@sft.edu

www.sft.edu

If you wish to pay the \$30 application fee by credit or debit card, please complete the following:

Amex Visa MasterCard Discover Card

Card Number _____ Exp. Date _____

Cardholder's Name _____

Signature of Cardholder _____