

# 2017-18 M.F.A./CERTIFICATE PROGRAM APPLICATION FORM

## FOR OFFICE USE ONLY

APPLICATION RECEIVED (W/FEE)

DATE OF M.F.A. AUDITION

SITE OF M.F.A. AUDITION

ACTION

### Application deadline: Jan 6, 2017

I applied last year.

**Please send me information about the 2017 A.C.T. Summer Training Congress (STC).**

To receive information about the STC, please fill out your contact information in the relevant spaces below and send in this form. STC information will be distributed in January 2017.

Follow application procedures as outlined online at [act-sf.org/mfa](http://act-sf.org/mfa).

Be sure to submit, in addition to this form:

- 1)** a nonwaivable, nonrefundable \$90 application fee (MONEY ORDER OR CASHIER'S CHECK ONLY);
- 2)** a full-face photograph; **3)** a current résumé of theatrical experience; **4)** two confidential letters of recommendation;
- 5)** all requisite official transcripts; **6)** proof of high school graduation if you have not attended college; and **7)** an essay (no longer than one typewritten page) discussing why you are pursuing a career in theater.

|   |                                 |                                  |                   |     |             |
|---|---------------------------------|----------------------------------|-------------------|-----|-------------|
| NAME  |                                 | DATE                             |                   |     |             |
| CURRENT ADDRESS   | STREET                          | CITY                             | STATE             | ZIP | VALID UNTIL |
| PERMANENT ADDRESS (IF DIFFERENT)  | STREET                          | CITY                             | STATE             | ZIP |             |
| PHONE   | EMAIL ADDRESS                   |                                  |                   |     |             |
| DATE OF BIRTH   | COUNTRY OF BIRTH                |                                  |                   |     |             |
| CITIZEN OF  | VISA STATUS (IF APPLICABLE)     |                                  |                   |     |             |
| HEIGHT  | WEIGHT                          | HAIR                             | EYES              | SEX |             |
| STATUS  | <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED | NO. OF DEPENDENTS |     |             |
| NAME, ADDRESS & PHONE OF PARENT OR GUARDIAN (EMERGENCY CONTACT REQUIRED, EVEN IF YOU ARE 21 OR OLDER) |                                 |                                  |                   |     |             |

**Please check one** (optional, for statistical purposes):

- Nonresident/alien
- Race and ethnicity unknown
- Hispanic of any race

**For non-Hispanics only:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races

**Are you a U.S. Veteran?**

- Yes
- No

**Education** (list all prior colleges and highest level completed)

|                    |                    |        |
|--------------------|--------------------|--------|
| HIGH SCHOOL        | YEAR OF GRADUATION |        |
| COLLEGE            | DATES ATTENDED     | DEGREE |
| COLLEGE            | DATES ATTENDED     | DEGREE |
| OTHER TRAINING     |                    |        |
| UNION AFFILIATIONS |                    |        |
| PRESENT OCCUPATION |                    |        |

**Select preferred audition city:**

- New York, Jan 20–22
- San Francisco, Feb 4–6
- Chicago, Jan 31–Feb 1

**Will you be applying for financial aid?**

- Yes
- No

**Financial aid deadline: Feb 11, 2017**

*Financial aid requires a separate application.*

**How did you learn about A.C.T.?** (check all that apply):

- Friend
- Teacher
- Former or current student
- Poster at your school
- Website
- Other (specify)
- Magazine article
- Newspaper/magazine ad

# A.C.T.

AMERICAN  
CONSERVATORY  
THEATER

Mail to:  
Registrar, American Conservatory Theater  
30 Grant Avenue  
San Francisco, CA 94108-5834

Tel: 415.439.2426 • Fax: 415.834.3210

APPLICANT SIGNATURE

# 2017-18 M.F.A./CERTIFICATE PROGRAM APPLICATION FORM

## To be completed by party recommending applicant:

APPLICANT'S NAME (PLEASE PRINT)

Waiver (see statement on confidentiality below): In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this letter.

APPLICANT'S SIGNATURE

DATE

## To be completed by party recommending applicant:

The above applicant desires admission to the American Conservatory Theater Master of Fine Arts Program for the coming year. Your recommendation will play a large part in the evaluation of the applicants and we would like the following information from you about the applicant: 1) physical and vocal range; 2) ability to create a character in depth; 3) ability to take direction; 4) physical stamina and mental/emotional stability; 5) potential compatibility as part of a repertory theater company.

Federal law gives students the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held in confidence. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if he/she enrolls.

**Master of Fine Arts/Certificate Program application deadline: Jan 6, 2017**

SIGNATURE

DATE

NAME

ORGANIZATION

ADDRESS

STREET

CITY

STATE

ZIP

May we contact you with further questions?  Yes  No Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

**A.C.T.**  
**AMERICAN**  
**CONSERVATORY**  
**THEATER**

Please seal your recommendation in an envelope, sign across the seal, and return it to the applicant for enclosure with the application form, or mail directly to:

**Registrar, American Conservatory Theater**  
**30 Grant Avenue**  
**San Francisco, CA 94108-5834**

**Tel: 415.439.2426 • Fax: 415.834.3210**