

International Student Initial Application

INSTRUCTIONS

Submit this application by **mail** or **email** (scanned with signatures). After receiving your initial application, we will contact you with additional materials including a reference form, essay questions, medical form, conditions of participation, passport verification, and instructions for payment.

The priority deadline for the initial applications is April 15, 2011. Applications will be considered after the deadline as space allows. We encourage you to apply early.

Limited financial aid is available; students requiring financial aid should submit this application as soon as possible.

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Current School: _____ Current grade in school: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip Code or Postal Code: _____

Phone numbers: (home) _____ (mobile) _____

Email address: _____

Country of citizenship: _____ Do you have a passport? _____

Other countries in which you have citizenship or permanent residency: _____

Health/accident insurance provider: _____

Policy number: _____ Name on policy: _____

PARENT/GUARDIAN INFORMATION

Name of Mother/Guardian: _____

Email address: _____

Phone numbers: (home) _____ (mobile) _____

Address (if different from student's): _____

Name of Father/Guardian: _____

Email address: _____

Phone numbers: (home) _____ (mobile) _____

Address (if different from student's): _____

PROGRAM OPTIONS

Choose your program length & theatre specialization:

- 6-week Program** (June 21 – August 2)
- Performance Tech/Design/Production Orchestra + Tech/Design/Production (Instrument: _____)
- 4-week Program** (July 3 – August 2)
- Performance* Tech/Design/Production Orchestra + Tech/Design/Production (Instrument: _____)
- 3-week Program** (June 10 – August 2)
- Tech/Design/Production Orchestra (Instrument: _____)

*Please note that performance participants attending for only 4 weeks will probably not be eligible for casting for all roles in the show.

LANGUAGE INFORMATION

Our program is appropriate & exciting for students with ANY level of Spanish-speaking ability.

What is your approximate level of spoken Spanish?

- None Beginner Advanced Beginner Intermediate Advanced Fluent Native speaker

How many weeks of intensive Spanish class do you want to take while in Costa Rica?

(All program options include 1 week of intensive Spanish. Additional weeks will have a cost of approx. \$250)

- One week (included for all programs)
- Two weeks (option available for 4- or 6-week program)
- Three weeks (option available for 6-week program only)

Do you speak any languages other than English and Spanish? _____

FINANCIAL AID

Will you be applying for (need-based) financial aid for this program? Yes No

STUDENT & PARENT/GUARDIAN AGREEMENT

This program has a zero tolerance policy for drugs, alcohol and tobacco at all times during the course of the program. Violation of this policy will result in immediate dismissal without refund. Students are expected to attend all group activities, abide by rules laid out by program staff, partner school staff and host families, and to be respectful of program staff & participants, host families, and community members at all times.

Student: I have read this application completely and answered the questions as accurately as possible. I understand and will meet the above expectations if accepted into the program.

Student signature: _____ Date: _____

Parent/Guardian: I understand the above expectations and expect my child to meet them. My child is in good health, and is capable of participating fully in the program, including outdoor adventure activities.

Parent/guardian signature: _____ Date: _____

MAIL OR EMAIL (SCANNED, WITH SIGNATURES) TO:

Far Corners Community Musical Theater, 1108 Fort Street Mall Suite 9B, Honolulu, HI 96813

director@farcomersmusicals.org