

Application for Admission



Full-Time Professional Training Program

This is an application for: *Choose one campus and one term only*

AADA New York

120 Madison Avenue, New York, NY 10016
800.463.8990 Admissions 212.685.8093 Fax

AADA Los Angeles

1336 North La Brea Avenue, Hollywood, CA 90028
800.222.2867 Admissions 323.464.1250 Fax

Term Beginning **FALL 20** (year) **WINTER 20** (year)

IMPORTANT *Return this application to the school (AADA Los Angeles, AADA New York) you wish to attend*

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

Current Mailing Address _____
Number and Street Apt. #

City or Town State/Province Zip/Postal Code Country

Cell Phone _____ Home Phone _____

Email Address _____ Address until: _____ / _____ / _____

Permanent Mailing Address _____
(If different from Current) Number and Street Apt. #

City or Town State/Province Zip/Postal Code Country

Social Security number _____

Please check how you first heard about the Academy and give name and location: Internet Teacher Friend

AADA Student/Alumnus High School Presentation Newspaper Poster College Fair Thespian Festival Other

PERSONAL DATA

Father _____ Occupation/Employer _____

Home Address _____

Home Telephone _____ E Mail _____

Mother _____ Occupation/Employer _____

Home Address _____

Home Telephone _____ E Mail _____

Name of Legal Guardian (if other than above) _____

Names and ages of brothers and sisters _____

Will you need AADA housing? Yes No **This is for informational purposes only and does not constitute an application for housing.*

PRIVACY ACT STATEMENT: *Information in this section is requested solely for the purpose of required state and federal reports. Disclosure is voluntary.*

Check one: Male Female

Please check one of the following that best describes your ethnic background: Asian or Pacific Hispanic African Multi-ethnic background

American Indian or Alaskan native American (Non Hispanic origin) White (Non-Hispanic) Other

Check one: US citizen or Permanent Resident International Student

Are you currently on an F-1 Visa at another school? Yes No

AN EQUAL OPPORTUNITY INSTITUTION

EDUCATIONAL BACKGROUND

Indicate your educational status: Graduated from High School Will graduate from High School Completed GED
 Home Schooled Attended University or College

List Academic Institutions attended:

High School _____ City _____ State _____

Diploma or High School Equivalency Yes No

College _____ City _____ State _____

Dates of Attendance _____ Major _____ Degree/Credits Earned _____

College _____ City _____ State _____

Dates of Attendance _____ Major _____ Degree/Credits Earned _____

List any relatives who are alumni of the Academy:

Name _____ Relation to Applicant _____

Name _____ Relation to Applicant _____

DRAMATIC TRAINING AND/OR EXPERIENCE (IF ANY)

Have you applied to AADA previously? Yes No Year Applied _____

Have you attended AADA previously? Yes No Year/Program _____ AADA/Los Angeles AADA/NY

Dramatic Training other than AADA: _____

Performances (plays or musical): _____

Singing Voice Type _____ Training _____

Dance Ability Type _____ Training _____

Musical Ability Type _____ Training _____

Languages Spoken _____

GOALS & OBJECTIVES Please attach a brief essay about your personal goals and objectives.

AUDITION Please check the location desired for Audition: Los Angeles New York Touring/Regional:

PLEASE REFER TO TOURING AUDITION DATES ON OUR WEBSITE WWW.AADA.ORG TOURING AUDITION SITE

Applications must be complete and all materials received before an audition can be scheduled. (Exceptions may be made for Touring Auditions)

APPLICATION FEE NON-REFUNDABLE FOR FULL TIME PROGRAM \$50.00

Method of payment: Check Money Order American Express (New York ONLY) VISA MASTER Card

Charge Card Number _____ Expiration date _____

Signature of Cardholder _____ Print Name as it appears on card _____

Billing Statement Mailing Address _____
Number and Street

City or Town _____ *State* _____ *Zip Code* _____ *Country* _____

Billing Statement Telephone _____

Print Name of Student _____

BY COMPLETING THIS FORM YOUR CARD WILL BE CHARGED THE AMOUNT INDICATED ABOVE (US DOLLARS)

Signature of Applicant **(REQUIRED)** _____ Date _____

Signature of Parent or Guardian if Applicant is under 18 _____ Date _____