

**A DEVISED MUSICAL THEATER WORKSHOP FOR
Middle School Students
(FOR STUDENTS ENTERING 7-8-9 GRADES IN FALL 2024)**

**SCORE! 2024
APPLICATION**

APPLICANT INFORMATION

First Name:		Last Name:	
Current address:			
Student Email:			
Student Cell Phone:			
Date of Birth:			
City:		State:	ZIP Code:
School:		Grade Enter Fall 2024:	County:

GUARDIAN INFORMATION

Student Lives With:			
Guardian #1's First Name:		G1's Last Name:	
Address:		G1's Relationship to applicant:	
City:	State:	ZIP Code:	
Cell Phone:			
Email:			
Guardian #2's First Name:		Guardian #2's Last Name:	
Address:			
City:	State:	ZIP Code:	
Cell Phone:	G2's Relationship to applicant:		

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Email:

EMERGENCY CONTACT

First & Last Name of an adult
NOT residing with you:

First:

Last:

Address:

City:

State:

ZIP Code:

Email:

Cell Phone:

Relationship:

MEDICAL INFORMATION

Family Physician:

Allergies:

Special Conditions:

Medications Taken:

REFERENCES

**Please list adults you have worked with that would be able to attest to your
work habits, interests, and skills.**

REFERENCE #1

NAME:

EMAIL:

CELL PHONE:

RELATIONSHIP:

HOW LONG KNOWN?

REFERENCE #2

NAME:

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EMAIL:

CELL PHONE:

RELATIONSHIP:

HOW LONG KNOWN?

HOW DID YOU FIND OUT ABOUT SCORE?

Please select at least one of the following

Teacher (Name):

In-School presentation:

Friend (Name):

Other:

SIGNATURES

I verify the information provided on this form as to my background and interests is correct.

Format: Day/Date/Year

Signature of applicant

I herewith affirm that my electronic signature on this document is as valid as if I signed the document in writing.

Date:

Signature of Parent *for permission to participate:*

I herewith affirm that my electronic signature on this document is as valid as if I signed the document in writing.

Date:

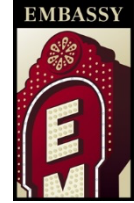
After all forms are completed:

Please "Save As" in the following format 2024 SCORE Application_NameofApplicant

Example: 2024 SCORE Application_Education Director

After saving, please, send the document digitally to Education Director, education@fwembassytheatre.org **OR** send a physical copy via mail to 125 W Jefferson Blvd, Fort Wayne, IN, 46802, attn: Education Director.

2024 SCORE! Payment Information



Please sign and return with registration form.

You can make payments through installments if you are not able to pay the full program amount immediately. Payments are due on the following dates:

Registration: **\$450 EARLY BIRD – Register by MAY 20**
\$550 REGULAR REGISTRATION – AFTER May 20
REGISTRATION CLOSES JUNE 14, 2024

	EARLY REGISTRATION	REGULAR REGISTRATION
<i>NON-REFUNDABLE</i>		
Registration Deposit:	\$ 50.00	\$50.00
<i>Deposit due at time application is received</i>		
April 15 Payment:	\$100.00	
May 20 Payment:	\$150.00	\$250.00
FINAL Payment DUE June 14:	<u>\$150.00</u>	<u>\$250.00</u>
	\$450.00	\$550.00

***Registration Deposit due along with application.**

If your balance is not received **AND** paid in full by **June 14**, your child will be unable to attend SCORE. For any financial questions, please contact Education Director, at 260.424-6287.

- A full refund will be given if the Embassy Theatre cancels the program. Program cancellation could occur due to low registration.
- Students who apply for financial assistance and do not receive it may rescind their application and any other payments made.
- The \$50 non-refundable deposit is due for ANY participant of the program even if they receive a scholarship or financial assistance.
- No refunds will be given after the program begins.
- **Scholarship/Financial Assistance will be determined and the participant notified by email. PLEASE follow installment dates listed above!**

Please make checks payable to:
Embassy Theatre Foundation
SCORE! 2024
125 W. Jefferson Blvd.
Fort Wayne, Indiana 46802

I will pay my balance in full

I would like to pay in installments

CARD # _____

Expires _____

CCV CODE (3 digit #): _____

***All credit card payments will be processed on the above payment schedule in no more than three installments. PLEASE contact our box office at 260-424-5665 to make initial non-refundable deposit by credit card or send a \$50 check to the address above.**

Signature _____

Date _____

Address: _____

City _____

State _____

Zip Code _____

Cell or Home Phone # _____

Email: _____

IMPORTANT NOTE:

Once your child has been accepted into the SCORE program and we have received **FULL payment, you will receive by email a packet of information and forms that will need to be filled out and returned to us by the first day of the SCORE program which is Monday, July 8, 2024. You will receive this information 1-2 weeks prior July 8th.**

STUDENT INTEREST INVENTORY

INTEREST INVENTORY Please place an X next to all that interest you. Comment if you wish.					
Writing	Stage Production/ Projections	Acting	Directing	Sound	Lighting
Music Composition	Musical Instruments	Theater Business	Marketing	Dancing	Choreography
Performance Experience: 					

IMPORTANT NOTE:

This essay MUST be completed by new *and* returning SCORE participants. USE THE SPACE BELOW:

Write a description of yourself, your interests, your hopes, and include your expectations for SCORE.

SCORE! – ADDITIONAL PARTICIPANT DATA INFORMATION

Participation in the following survey portion is voluntary.

Your responses below help the Embassy Theatre Foundation fulfill aggregated demographic data reporting requirements, as a recipient of federal grant funds via the National Endowment for the Arts.

Your information remains confidential, and no identifying information will be shared through this reporting process. **Thank you!**

What is your gender?

How do you identify your culture/race/ethnicity? Select all that apply to you.

- | | | |
|--------------------------|-------------------------------|--|
| <input type="checkbox"/> | <i>American Indian</i> | <i>Native Hawaiian or Other Asian Pacific Islander</i> |
| <input type="checkbox"/> | <i>Black/African-American</i> | <i>Asian</i> |
| <input type="checkbox"/> | <i>Hispanic/Latino</i> | <i>Two or more races</i> |
| <input type="checkbox"/> | <i>White</i> | <i>Other, please identify:</i> |

In what county do you live? (e.g. Adams, Allen, DeKalb, LaGrange, etc.)

Does your household qualify to participate in the National School Lunch Program?