



# The American Musical and Dramatic Academy

## APPLICATION FOR ADMISSION

### APPLICATION PROCEDURES

1. Complete, sign and mail this application to AMDA. **Faxed copies** are not acceptable.
2. Submit the application with a \$50 non-refundable reviewing fee. Please make check payable to AMDA or charge to:

**Visa / Mastercard / American Express (circle one)**

Acct. # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

3. Request that official transcripts from your high school and college (if applicable) be forwarded to AMDA. You must provide an **official transcript** for every institution attended.
4. Detach the two AMDA Recommendation Forms and give them to teachers or directors. If you are unable to obtain professional recommendations, character references may be substituted.
5. Call the Admissions Office to schedule your audition. Auditions are held at AMDA in New York on a regular basis. In addition, regional auditions are held annually throughout the country.
6. Please report changes of address and telephone number immediately. You will receive various mailings throughout the application process and it is important that we have your most current mailing address.

### AUDITION REQUIREMENTS

**INTEGRATED PROGRAM:** One two-minute monologue (contemporary or classical), one verse and one chorus of a song from the musical theatre or classical repertoire. (You are required to bring sheet music in your key to your audition. AMDA will provide a professional accompanist for you. Tapes may not be used as accompaniment.)

**STUDIO PROGRAM:** Two two-minute contrasting monologues (contemporary and/or classical). Your performance should not exceed four minutes in total.

**Monologues should be from published plays; original material may not be used.**

### PROGRAM INFORMATION

**I AM APPLYING FOR:**

Integrated Program       Studio Program

**I AM PLANNING TO ENROLL:**

Summer \_\_\_\_\_ Year       Fall \_\_\_\_\_ Year       Spring \_\_\_\_\_ Year

**I AM APPLYING FOR FINANCIAL AID:**

Yes       No

If yes, please review the enclosed Financial Aid Information Sheet. (Your response has no bearing on decisions regarding admission.)

### PERSONAL BACKGROUND

(Please Print)

Name (Legal): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City State Zip Country Telephone: ( ) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City State Zip Country Telephone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Optional) Month/Day/Year

Age: \_\_\_\_\_  
(Optional)

Sex:  Male  Female  
(Optional)

I am a U.S. Citizen     I am a U.S. permanent resident     I am an international student

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Have you auditioned for AMDA before?  Yes  No    If yes, indicate year and location \_\_\_\_\_

Please list other schools to which you are applying: \_\_\_\_\_

School State School State School State

School State School State School State

## FAMILY BACKGROUND

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_

Name of Legal Guardian (if other from above): \_\_\_\_\_

Names and Ages of Brothers and Sisters: \_\_\_\_\_

## EDUCATIONAL BACKGROUND AND TRAINING

**You must provide an official transcript from every institution attended.**

Name of High School	Location (City, State)	Dates Attended (MM/DD/YY) to	Graduation Date (MM/DD/YY)
_____	_____	_____	_____

Name of College (if applicable)	Location (City, State)	Dates Attended (MM/DD/YY) to	Graduation Date (MM/DD/YY)	Diploma or Degree Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any other colleges and dates attended: \_\_\_\_\_

Academic institution currently attending: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Please list your training background in the Performing Arts:**

Subject	Length of Study	Teacher's Name	School

Have you ever studied voice with a private teacher?  Yes  No If yes, for how long? \_\_\_\_\_

Do you sight-read music?  Yes  No Do you play any musical instruments?  Yes  No

If yes, please list and indicate years of study: \_\_\_\_\_

## WORK EXPERIENCE

Current Employer: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If applicable, please list the last three jobs you have held: \_\_\_\_\_

## PERSONAL ESSAY

Through this application, we hope to get to know you better. Please use the space provided to answer the following questions. Feel free to attach additional pages. Be sure to include your name on additional pages.

1. Describe a challenging experience in your life and what you learned from it.

2. What are your interests and career goals?

3. Choose two people whom you admire in the performing arts and explain why.

## MEDIA RELEASE

I understand that, upon my acceptance (if I am accepted), AMDA may at times utilize my name and/or photographs for press releases and in promotional vehicles. AMDA may also utilize my appearance in the production of videos, film, or other media which will be expressly used for educational or promotional purposes.

I hereby provide AMDA with permission to utilize my name, photograph, or appearance in press releases, printed materials, or videos described above with no time limitation. I understand this release and agree not to request compensation in such cases.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Complete Back Page)

## ADDITIONAL INFORMATION

What was most instrumental in your decision to apply to AMDA? (Check all that apply)

- Reputation
- Recommendation from teacher/guidance counselor/professor
- Advertisement or publication (please specify: \_\_\_\_\_)
- Recommendation from friend (name: \_\_\_\_\_)
- Recommendation from current student (name: \_\_\_\_\_)
- Recommendation from a graduate (name: \_\_\_\_\_)
- AMDA Web site
- AMDA Catalogue
- College Fair
- Information I received in the mail from AMDA (please specify: \_\_\_\_\_)
- Other (please specify: \_\_\_\_\_)

## SIGNATURE

I certify that all information contained in this application is true and complete to the best of my knowledge. I understand that false documentation will result in the immediate revocation of any offer of admission or financial assistance and could result in dismissal from AMDA if admitted. I further agree that if admitted I will familiarize myself with and comply with all rules of conduct, policies, practices and procedures of AMDA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if applicant is under 18)

\_\_\_\_\_  
Date

## IS YOUR APPLICATION COMPLETE?

**I have...**

- completed and signed the application.
- submitted a \$50 reviewing fee or given credit card information.
- requested official transcripts for all institutions attended be sent to AMDA.
- requested two letters of recommendation be sent to AMDA.
- called the admissions office to schedule an audition appointment.
- filed my FAFSA to begin the financial aid process (if applicable).

**Please do not fax your application. Your application must be mailed prior to your audition.**

The American Musical and Dramatic Academy is an equal opportunity institution. Decisions by AMDA concerning admission, financial aid, employment and every aspect of the individual's relationship and participation with AMDA are based on talent and qualifications without regard to race, color, sexual orientation, religion, sex, age, national or ethnic origin, disability, and/or other categories protected by law.

**If you have any questions concerning the application form or audition procedures, please call the Admissions Office toll-free (800) 367-7908; New York Residents should call (212) 787-5300.**



The American Musical and Dramatic Academy • 2109 Broadway, New York, New York 10023



# THE AMERICAN MUSICAL AND DRAMATIC ACADEMY

## RECOMMENDATION FORM

Please complete the upper portion of this form, and give it to a director, teacher, or other qualified person. The individual should comment on your work and potential as an actor, singer, or dancer. This Recommendation Form should be returned to AMDA **prior** to your audition.

(Please print or type)

Name of Applicant: \_\_\_\_\_ Telephone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

The admissions committee seriously considers the personal qualifications of each applicant and appreciates your thoughtful responses to the following items. Please evaluate the applicant as carefully as possible, noting both strengths and weaknesses.

**This recommendation is intended solely for use in the admissions process and will not be part of the student's permanent file.**

1. Please state your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

2. Please place check marks at the points that represent your evaluation of the applicant in comparison with other students.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING (TOP 5% OF THIS YEAR)	ONE OF THE TOP FEW I HAVE ENCOUNTERED IN MY CAREER
<b>Energy and initiative</b>					
<b>Responsibility</b>					
<b>Social maturity</b>					
<b>Self-confidence</b>					
<b>Dependability</b>					
<b>Classroom participation</b>					
<b>Disciplined work habits</b>					

DETACH AT PERFORATION

3. Please assess the applicant's abilities and potential for an intensive theatre training program.

4. AMDA's conservatory program requires students to be in class for up to thirty hours each week with an additional ten to twenty hours of independent rehearsals required each week. Successful students must be able to work both independently and with peers in a professional manner and must possess physical stamina, academic drive, and personal discipline. Are there any factors that might interfere with the applicant's ability to excel in such an environment? Please explain.

5. I recommend this applicant for admission to AMDA based on:

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
<b>Aptitude for a career in the performing arts:</b>					
<b>Ability to succeed in a school environment:</b>					
<b>Overall recommendation:</b>					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

**Please return completed form to:**

Director of Admission  
 AMDA  
 The American Musical and Dramatic Academy  
 2109 Broadway  
 New York, New York 10023  
 (212) 787-5300 (800) 367-7908 Fax (212) 799-4623