



*It takes teamwork to make a dream work*

# 2017-2018 CSA Film Academy for Young Actors Kids, Tween, Teen & Professional Companies **ADMISSIONS APPLICATION**

## APPLICANT INFORMATION (Minors)

Applicant's Full Name:

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Applicant's Stage name (if different) \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## APPLICANT'S DESIRED PROGRAM

1) Preferred Company: \*Your selection here WILL NOT guarantee that your preferred company will be assigned

\*Actors will be divided by age, maturity, and experience

- Tweens/Teens Age: Mostly Middle & High School
- Tween Company Age: Mostly Middle School
- Teens Company Age: Mostly High School
- Professional Company: Must be a graduate of Film Academy

2) Preferred Class Day/Time: \*Your selection here WILL NOT guarantee that your preferred day/time will be available

\*Please put 1,2, & 3 for your first, second & third choices next to the date:

- Mondays 11am-2pm Home School Class
- Sundays 1-4pm Tweens
- Sundays 4:30-7:30 Teens
- Professional Company: Schedule TBD

3) Location:

- Atlanta Workshop Players/Acting Studio  
8560 Holcomb Bridge Rd. Suite 111  
Alpharetta, GA 30022
- Creative Studios of Atlanta  
274 North Main Street, Studio A  
Alpharetta, GA 30009

# APPLICANT'S FAMILY INFORMATION

## PARENTS/GUARDIANS INFORMATION

Parent/Guardian#1 \_\_\_\_\_ Relationship to Actor \_\_\_\_\_

Street Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian#2 \_\_\_\_\_ Relationship to Actor \_\_\_\_\_  
(If applicable)

Street Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check one for each category:

A) Marital Status     Married     Separated     Divorced     Other \_\_\_\_\_

B) Actor Resides with:     Both Parents     Mother     Father     Other \_\_\_\_\_

C) Actor's Legal Guardian(s):     Both Parents     Mother     Father     Other \_\_\_\_\_

## SIBLING INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

# APPLICANT'S ACADEMIC & WORK HISTORY

1) Current School Attended

Name of School \_\_\_\_\_ City \_\_\_\_\_

School Type:     Public     Independent/Private     Charter     Homeschooled    Student/Teacher Ratio: \_\_\_\_ to \_\_\_\_

2) Do you have an agent?     Yes     No    If yes, who? \_\_\_\_\_

3) Do you have a manager?     Yes     No    If yes, who? \_\_\_\_\_

4) What would you say have been your 3 greatest accomplishments to date? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Have you attended acting classes and/or acting workshops before?  Yes  No

If yes,  Stage  Film  Both  Other \_\_\_\_\_

If Yes, Please describe previous classes and/or workshops taken: (When, Instructor, Brief Class description) \_\_\_\_\_

---

---

---

6) Have you worked on set before?  Yes  No If yes, please list the role(s) they have had and where/when the shoot took place

---

---

---

\_\_\_\_\_ If yes, was it a paid role?  Yes  No

## ADDITIONAL INFORMATION

1) Do you have a mentor?  Yes  No If yes, Who? \_\_\_\_\_, and, who are/have been your major role models? Why? \_\_\_\_\_

---

---

---

2) What factors are most important to you when you consider where to foster the growth of your acting career? What do you want to achieve most? Do you feel ready for it? \_\_\_\_\_

---

---

3) Do you have a personal or professional vision? If so, what is it? \_\_\_\_\_

---

---

4) What personal characteristics, abilities or attributes do you consider your greatest assets? \_\_\_\_\_

---

---

5) What are your hobbies and what extra-curricular activities, programs or other classes are you involved in? \_\_\_\_\_

---

---

7) Have you ever been subject to disciplinary action in any school?  Yes  No If yes, please give date(s) and circumstances.

8) How did you learn about the Film Academy at CSA? \_\_\_\_\_

9) Do you know anyone who is a CSA Film Academy graduate?  Yes  No If yes, who? \_\_\_\_\_

10) What other acting programs are you currently considering? \_\_\_\_\_

11). List improvements you would like to make as a result of this class. \_\_\_\_\_

12) Here are some various ways actors work with us. Check those which appeal to you.

- |   |  |
|---|--|
| <input type="checkbox"/> Brainstorming strategies together                      | <input type="checkbox"/> Exploring and removing blocks and obstacles to your success |
| <input type="checkbox"/> Support, encouragement and validation                  | <input type="checkbox"/> Accountability; checking up on goals                        |
| <input type="checkbox"/> Insight into who you are and your potential            | <input type="checkbox"/> Working through self-improvement goals together             |
| <input type="checkbox"/> Painting a vision of what you can become or accomplish | <input type="checkbox"/> Suggesting or designing action steps                        |

## APPLICANT'S ENCLOSURES

### 1) REQUIRED ENCLOSURE:

I have enclosed a letter of recommendation from: \_\_\_\_\_

### 2) OPTIONAL ENCLOSURES: (Please enclose them if the applicant has them)

- A)  I have enclosed my headshot OR  I do not have a headshot yet
- B)  I have enclosed my resume OR  I do not have a resume yet

**To the best of my knowledge, the information I provided on this form is true and accurate**

1) Applicant (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Applicant (Signature) \_\_\_\_\_

\*Please complete signature area 2 if applicant is less than 18 years old.

2) Parent/Guardian (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

*Thank you for taking the time to complete this document in its entirety. We look forward to meeting you!*  
~Ken Feinberg & CSA