



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

Teens Company Age: Mostly High School

Tween Company Age: Mostly Middle 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

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