

# Atlanta Workshop Players Application for ALL Pro-Track Courses

Pro-Track Courses are designed as a Professional Training Ground for those pursuing a career in the Entertainment Industry. Intense training includes weekly classes, Workshop for Parents, Guest Speakers, Introduction to Casting Directors and agents and eligibility to attend the Pro-Track trips to LA and NYC. Enrollment is very limited. AWP is looking for dedicated, focused performers who are motivated to work hard to follow their dream!

NOTE: All Pro-Track courses require a live audition or interview as well as the completion of this application form.

1. AWPlayers Company (Pre-Apprentice, Apprentice, Senior & Professional Co.)
2. Make A Movie, Make A Difference
3. Intro To Film School

Auditions held by appointment. Email: Ashlyn@AtlantaWorkshopPlayers.com to request and interview/audition.

**Prepare very well! Answer Thoughtfully. \*\* Please attach a headshot or snapshot and resume.**

## AWP Student Questionnaire

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender: \_\_\_Male , \_\_\_Female

Parent's Name \_\_\_\_\_

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

Mother's Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Student Email \_\_\_\_\_ Cell \_\_\_\_\_

Current Talent Agent/Agents, if any \_\_\_\_\_

Mark any Union Affiliation: \_\_\_SAG, \_\_\_SAG Eligible, \_\_\_EQUITY, \_\_\_Other

PLEASE CHECK DESIRED COURSE/COURSES:

\_\_\_AWPlayers Company, \_\_\_Intro to Film School,

\_\_\_Make A Movie, Make A Difference

(The following is to be filled out by the student. You are welcome to use the back also)

1. What is your favorite movie or play and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is your least favorite movie or play and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name 3 of your favorite movie characters. \_\_\_\_\_

\_\_\_\_\_

4. If you could create the perfect role for yourself on stage or on screen, what would it be? Please name and describe your character. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Outside of the performing arts, name 3 hobbies/interests. \_\_\_\_\_  
 \_\_\_\_\_
6. If you had to pick a job backstage, what would it be and why? \_\_\_\_\_  
 \_\_\_\_\_
7. If you had to pick a job on a movie set, what would it be and why? \_\_\_\_\_  
 \_\_\_\_\_
8. If you press "Shuffle" on your iPod, what songs are you most likely to hear? \_\_\_\_\_  
 \_\_\_\_\_
9. Describe your favorite journey. \_\_\_\_\_  
 \_\_\_\_\_
10. What is your Oscar Red Carpet look? \_\_\_\_\_  
 \_\_\_\_\_

11. Describe your perfect career. (What you want to be when you grow up)

\_\_\_\_\_ 12.  
 What do you hope to learn or accomplish by taking this professional training course?

\_\_\_\_\_ 13.  
 What do you expect from your teachers in this course?

\_\_\_\_\_ 14.

Please mark areas of interest:

- \_\_\_\_ Commercial acting, \_\_\_\_ SitComs, \_\_\_\_ Broadcast Journalism,  
 \_\_\_\_ Stand-Up Comedy, \_\_\_\_ Soap Operas, \_\_\_\_ Film, \_\_\_\_ Hosting Talk Show  
 \_\_\_\_ Improv, \_\_\_\_ Series Television, \_\_\_\_ Voice Over, \_\_\_\_ Broadway  
 \_\_\_\_ Print Work, \_\_\_\_ Live Industrials, \_\_\_\_ Industrial Films, \_\_\_\_ Screen Writing,  
 \_\_\_\_ Directing, \_\_\_\_ Producing, \_\_\_\_ Director of Photography, \_\_\_\_ Tech Crew  
 Other: \_\_\_\_\_

15. Please mark particular skills that you wish to develop:

- \_\_\_\_ Audition Techniques, \_\_\_\_ Increase Acting Skills, \_\_\_\_ Gain Discipline  
 \_\_\_\_ Strong Speaking Voice, \_\_\_\_ Interview Skills, \_\_\_\_ Marketing Skills  
 \_\_\_\_ Overcome shyness, \_\_\_\_ Develop Comedic Timing, \_\_\_\_ Express emotions  
 \_\_\_\_ Learn On-Set Protocol, \_\_\_\_ Learn Business side of Show business  
 Other: \_\_\_\_\_

16. Please mark career goals: \_\_\_\_ To develop a marketing plan, \_\_\_\_ Develop  
 marketing materials, \_\_\_\_ Make Industry Contacts (Networking), \_\_\_\_ Get an agent,  
 \_\_\_\_ Get TV/Film work in Atlanta, \_\_\_\_ Go to LA for pilot season, \_\_\_\_ Work in other  
 markets (LA, NYC...) Other: \_\_\_\_\_

17. What is your greatest strength as an improviser/actor? \_\_\_\_\_

18. What is your greatest strength as a human being? \_\_\_\_\_

19. What is your greatest weakness as an improviser/actor? \_\_\_\_\_

20. What is your greatest weakness in general? \_\_\_\_\_

21. Describe yourself in one word. \_\_\_\_\_

22. Why are you a good candidate for The Pro-Track Classes? \_\_\_\_\_  
 \_\_\_\_\_

# MAKE A MOVIE MAKE A DIFFERENCE applicants ONLY

Write a 1 page essay about your inspiration and goals in filmmaking. Why do you want to be a part of AWP's Film School? What kind of films do you want to make?

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## Parent Questionnaire

**Parents fill out if student is a minor. Adult applicants answer for yourself.**

Student Applicant's Name \_\_\_\_\_

Course applying for: \_\_\_\_\_

1. Please list student's:

School attending currently \_\_\_\_\_, Grade Aug '2016' \_\_\_\_\_

Academic Standing : \_\_\_Poor, \_\_\_Average, \_\_\_Above average, \_\_\_Excellent

2. Please mark any of the applicant's skills that could enhance their performing arts career.

\_\_\_Outgoing personality, \_\_\_Advanced Reader, \_\_\_Ear-prompter skills, \_\_\_Makes Own Movies, \_\_\_Quick Study (Memorizes quickly), \_\_\_Teleprompter experience \_\_\_Good Writer, \_\_\_Puts on Shows for the family

3. Are you or your child currently studying any of the performing arts at another school? If so, which school and which instructors?

\_\_\_\_\_

\_\_\_\_\_

4. Please list applicant's previous performing arts training, schools & instructors.

\_\_\_\_\_

\_\_\_\_\_

5. What are your greatest concerns about being or having a child in the entertainment industry?

\_\_\_\_\_

\_\_\_\_\_

6. What are you looking forward to as you or your child pursue a career in TV/Film?

\_\_\_\_\_

\_\_\_\_\_

7. What do you expect from this program?

\_\_\_\_\_

\_\_\_\_\_

8. What do you hope you or your child will gain from this experience?

\_\_\_\_\_

\_\_\_\_\_

# Recommendation Form

## For Atlanta Workshop Players'

### Pro-Track Professional Training Programs

Thank you for your time in completing a detailed, frank assessment of this performer's skills, professionalism and goals. Please seal completed form in an envelope and return to student OR mail directly to: Atlanta Workshop Players 8560 Holcomb Bridge Rd. Suite III, Alpharetta, Ga. 30022

Student Applicant's Name \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Your connection to the performing arts: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

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

How do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

From your observation, please describe the applicant's commitment to the performing arts.

\_\_\_\_\_

\_\_\_\_\_

Please provide examples of how you have observed the applicant's dedication, initiative, professionalism, performing skills, teamwork and positive attitude. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel the applicant has a positive and realistic self image? Please explain.

\_\_\_\_\_

Do you feel that applicant has clear goals in the entertainment industry and the discipline to work diligently toward those goals? \_\_\_\_\_

What are the applicant's greatest strengths? \_\_\_\_\_

Greatest weaknesses? \_\_\_\_\_

How do you feel the applicant would benefit from a professional training program?

\_\_\_\_\_

How do you feel the applicant can contribute to the program? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AWP Pro-Track Student Financial Agreement

Atlanta Workshop Players  
8560 Holcomb Bridge Rd. Suite 111  
Alpharetta, GA 30022

AWP's Pro-Track courses are designed exclusively for serious students who are preparing for, or already have a professional career in the entertainment industry. Available spaces in the Pro-Track are limited in order to provide individual attention and allow for maximum progress. Once a student has been accepted into the program, the space belongs to them for the duration of the school-year. Students are expected to attend regularly and participate fully. AWP is a nonprofit organization that depends on donations and tuitions to provide scholarships and develop educational programming. By signing this contract, you are agreeing to make a professional and financial commitment for the full, 10 month course.

## PAYMENT POLICIES & AGREEMENT:

Name Of Applicant \_\_\_\_\_

Name Of Person Financially Responsible for Tuition \_\_\_\_\_

Please read agreement carefully; initial each point and sign at the bottom. Feel free to contact us with any questions prior to signing agreement. 770-998-8111, Lynn@AtlantaWorkshopPlayers.com

I understand that:

- \_\_\_\_ 1. First month's tuition, plus a \$35 registration fee will be due with application. \$35 Registration fee is an annual fee, charged only once, per family, per year.
- \_\_\_\_ 2. Tuition is due on the first of each month. No bill will be mailed.
- \_\_\_\_ 3. AWP will accept tuition payments by check, cash, money order or Credit Card. AWP requires a VISA, Master Card or AMX Card to be put on file, for security. If payment is not received prior to the first of the month, I give the Atlanta Workshop Players permission to charge my credit card for the monthly tuition. A \$25 late fee will be charged after the 10<sup>th</sup> of the month.
- \_\_\_\_ 4. There is a \$35 fee charged for returned checks.
- \_\_\_\_ 5. Tuitions cannot be transferred to other courses or programs.
- \_\_\_\_ 6. This financial agreement is a legal, binding contract. Signing this agreement makes the signer liable for the full tuition for the 10-month school term, regardless of absences. There is no refund for absences. If the student misses classes or withdraws from course, no refunds will be made and the financial agreement will still be binding and all payments will still be due.
- \_\_\_\_ 7. I understand that most missed classes may be made up during other, scheduled AWP classes. Additional workshops will be scheduled to make up for classes that experience an excessive number of holidays or snow days. Saturday classes fall into this category.

- \_\_\_\_8. Class tuition is averaged over the course of the entire school year. Holidays and inclement weather days have already been taken into account and therefore, no tuition adjustment needs to be made for holidays. The full, monthly tuition will be due each month, August through May.
- \_\_\_\_9. This agreement will stay in force unless the student becomes incapacitated or moves out of the state of Georgia. A 30 day written notice and proof of relocation are required for release of contract.
- \_\_\_\_10. Professional behavior and preparation is expected for all courses. Any student that causes a disruption to their classmates or the program will receive one warning. If there is a second incident, the student may be asked to leave the program with no refund.
- \_\_\_\_11. AWP has the right to accept or decline participation to any student for any reason.
- \_\_\_\_12. Although AWP provides networking and professional audition opportunities to its students, it does not guarantee work in the entertainment industry.
- \_\_\_\_13. By signing below, I am accepting and agreeing to the statements above.

## FINANCIAL ARRANGEMENT:

Please initial your chosen method of payment.

- \_\_\_\_ I plan to pay monthly tuition by Check, by writing 10 post dated checks to be held by The Atlanta Workshop Players who will deposit one on the first of each month.
- \_\_\_\_ Please automatically debit my Master Card, VISA or AMX Card monthly for tuition.
- \_\_\_\_ Enclosed is a Check, Cash or Money Order for the full amount of the Pro-Track course I have chosen for the 2016-17 season.
- \_\_\_\_ Please charge my credit card for the full tuition amount for the Pro-Track course I have chosen for the 2016-17 season.

DEBIT/CREDIT CARD INFORMATION: Master Card or VISA Required

\_\_VISA, \_\_MC, # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp:date \_\_\_\_\_,

Security Code \_\_\_\_\_, Name on card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

I understand & approve of this financial agreement & understand & agree to the terms & policies of AWP's Pro-Track Program.

Signature \_\_\_\_\_ date \_\_\_\_\_