



Theatre Academy Costume Application

1. First Name _____

2. Last Name _____

3. Title, preferred pronouns _____

4. Applying for:

Fall

Winter

Spring

Summer

5. What year? _____

6. Email address

7. Primary telephone number _____

8. Personal website, if applicable _____

9. Status (check all that apply)

California resident (over 1 year)

Have student visa

U. S. citizen

Will require student visa

Other _____

10. Are you currently enrolled in Los Angeles Community College District? If so, please provide your student email address and Student ID number.

11. Please list any previous theatre training or costume experience, including when and where.

12. Please list all special skill related to costuming and costume design.

13. If you will require accommodation, please explain.

14. Before submitting this application, please confirm you are aware of the following:

- I understand that the Theatre Academy is a full-time, block program, and will require a greater investment of time and effort than a standard major.
- I am fully able to commit to the full-time schedule of the Theatre Academy program.
- I understand that the Theatre Academy is a demanding program not only physically, but mentally and emotionally.

I agree, please submit my application _____
signature

Print and mail to: Los Angeles City College
Theatre Academy
855 N. Vermont Ave.
Los Angeles, CA 90029