



# Theatre Academy Acting 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. Have you or are you now successfully completing the LACC course Theater 200? When was this completed? \_\_\_\_\_

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

\_\_\_\_\_

12. Please list any previous theatre training or acting experience, including when and where.

13. Please list all special skill related to acting.

14. Do you speak any foreign languages? Which ones?

15. If you will require accommodation, please explain.

16. 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