

Charleston Stage Company TheatreWings Apprentice Application

Please complete the application materials and mail to
Charleston Stage Company TheatreWings
ATTN: Stefanie Christensen
PO Box 356
Charleston, SC 29402

1. Fill out the following form:

Student's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____ Age _____ Birthday _____

Grade _____ School _____

Home Phone _____ Cell Phone or pager _____

Parent or Guardian's Name (s) _____

I would prefer to fulfill my once a week work crew responsibility on: (pick one)

_____ Monday, 4:00 pm - 6:15 pm

_____ Tuesday, 4:00 pm - 6:15 pm

_____ Wednesday, 4:00 pm - 6:15 pm

_____ Thursday, 4:00 pm - 6:15 pm

I am most interested in: (pick one)

Sets _____ Costumes _____ Props _____ Sound _____ Lights _____

I have read and discussed the 2006-2007 TheatreWings Guidelines (found on the website at www.charlestonstage.com) and agree to meet the responsibilities and time commitments outlined therein. I understand that my commitment to TheatreWings will take precedent over all other extra-curricular activities for the coming year and I am prepared to make this commitment to fulfill the terms of this contract.

Student Signature

Date

2. Write a one page typed essay describing why you would like to join this program, noting any prior theatrical or set construction experience.

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3. Please have your parent(s) read and sign the following.

I have discussed and reviewed in full the TheatreWings Guidelines and pledge to support the commitment of time, effort and responsibility being assumed by my son or daughter. These include:

1. Providing prompt transportation to and from TheatreWings activities.
2. Agreeing not to use TheatreWings participation as punishment for disciplinary actions and restrictions.
3. Making arrangements for school absences that will be required to participate in the program.
4. Insuring that my student anticipates major tests, exams and school projects so that they do not miss TheatreWings events or commitments.

Parent(s) signature

Date

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4. Have your teacher fill out the teacher recommendation form.

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Charleston Stage Company TheatreWings Teacher Evaluation

Teachers: Please complete this student evaluation.

YOUR NAME _____

YOUR EMAIL _____

Student's Name _____

School _____

School Mailing Address _____

School Phone Number _____

How do you know the student? _____

How long have you known the student? _____

The TheatreWings program requires an enormous amount of time and commitment. Do you feel that this applicant is ready and responsible enough to devote 6 or more hours per week to this program? yes no

Please note the applicants work habits by placing the appropriate number next to the following attributes:

(1- excellent, 2- good, 3- fair, 4- poor)

Punctuality
Ability to work with a team
Parental support
Leadership ability
Ability to go the extra mile
Creative problem solving
Sense of humor
Imagination
Public speaking ability
Writing skills
Maturity
Responsibility
Task completion

Would you like to provide additional insights about this student? Please use a separate piece of paper.

Teacher's Signature

Date