



# Theatre Academy

## Entertainment Technology 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.

\_\_\_\_\_

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11. Please list any previous theatre training or technical, electrical, sound, or carpentry experience, including when and where.

12. Please list all special skill related to theatre and/or entertainment technology.

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