

# Deegan Children's Theatre at the Spencer Community Theatre

▪ 712-262-7336 ▪ 518 1st Ave East, P.O. Box 1225, Spencer, Iowa 51301 ▪ info@sctplayhouse.org ▪

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## **High School Theatre Leadership Application Form**

*In order to be considered for the Theatre Leadership program, you must submit a signed and completed application form by **Friday, April 29<sup>th</sup>, 2022***

### **Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

High School: \_\_\_\_\_ Age: \_\_\_\_\_

#### **Select one:**

\_\_\_\_\_ I will begin my junior year next fall

\_\_\_\_\_ I will begin my senior year next fall

\_\_\_\_\_ I have recently graduated high school

\_\_\_\_\_ Other (please describe):

\_\_\_\_\_ I am a licensed driver with reliable transportation

\_\_\_\_\_ I am NOT a licensed driver with reliable transportation

\_\_\_\_\_ Other (please describe):

### **Experience & Education**

**Briefly describe previous theatre, music, or dance experience (or attach résumé):**

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**Briefly describe any theatre, music, or dance training (or attach résumé). These include classes taken in high school, area theatres, arts camps, etc.:**

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**Briefly describe any training or experience working with children:**

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**Please list any extracurricular activities, volunteer work, or membership of various organizations:**

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**Please list any previous involvement in Spencer Community Theatre:**

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**Please list current & previous employers & job title (if applicable):**

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**Why are you interested in spending your summer as an SCT High School Theatre Leader?**

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**Signatures**

*I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*

**Signature:** \_\_\_\_\_ **Date:**\_\_\_\_\_

*If you are under the age of 18 at the time you submit this form, please have a parent or guardian read and sign below.*

*I am the parent or legal guardian of the applicant, and I give my permission for him/ her to apply for this program.*

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:**\_\_\_\_\_

**References**

*Please list two references in the section below.*

**Name:** \_\_\_\_\_

**Phone Number (s):** \_\_\_\_\_

**Organization/School:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Known how long:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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