

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 ▪

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 25th, 2023***

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 any previous theatre, music, or movement experience (or attach resumé):

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

Briefly describe any training or experience working with children:

Please list any extracurricular activities, volunteer work, or club memberships:

Please list any previous involvement in Spencer Community Theatre or Deegan Children's Theatre:

Please list current & previous employers with job titles (if applicable):

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

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 disqualification or for my dismissal.

Signature: _____ **Date:**_____

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

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

Name (please print): _____

Signature: _____ **Date:**_____

References

List two references in the section below.

Name: _____

Phone Number (s): _____

Organization/School: _____

Relationship: _____ **Known how long:** _____

Name: _____

Phone Number (s): _____

Organization/School: _____

Relationship: _____ **Known how long:** _____