

## INDEPENDENT PROGRAM



The Independent Program (IP) is a full time program for all dance students at the elementary to the professional levels who wish to engage in a rigorous course of study in Martha Graham Technique. Students are accepted into the Independent Program on the basis of professional recommendation, personal essay and/or demonstration of commitment. Applicants do not need proof of prior dance experience or audition to be accepted into this program.

Study in the Independent Program requires a minimum commitment of one full semester, but students may remain in the program for as long as two years. Generally international students enroll in the Independent Program first, before auditioning for the Professional Training Program. International students should also consult the special guidelines for international students.

Students enter the Program at the beginning of either the Fall or Spring semester or Summer term (Intensive) and are placed in technique classes appropriate to their skills. Enrollment is by semester. The Fall semester begins in September and includes technique classes in the Winter Intensive. The Spring semester begins in February and ends in the middle of June; Summer Intensive technique is not included in the Spring semester fee.

Students are required to take a minimum of 8 technique classes per week, 6 of which must be Graham Technique, however, 10 classes per week are strongly encouraged. In addition to technique classes, students may opt to take workshops in Repertory, Composition, Music, and other offered electives for additional fees. Independent students participate in all the activities of the Martha Graham School, such as student showings, and panel discussions and are given access to other resources of the School, including its archival library and video collections.

Attendance reports are placed in each student's file and are available to students. Failure to maintain satisfactory attendance may result in Probation and/or Dismissal. There are no excused absences other than for reasons of health and family emergency. Classes missed for such reasons must be made up within the semester.

Evaluations are ongoing. Retention in the Independent Program indicates progress in technical skills, concentration, commitment, attitude, creativity and general understanding. Students may be dismissed for unexcused absences or for behavior inconsistent with School standards.

### Independent Program Fees

Technique \$2400	Repertory \$350	Music \$350	Electives Fees determined on a per course basis	Summer Intensive Technique \$770
Registration Fee \$50 Per semester	Composition \$350	Dance History \$350		

## HOW TO APPLY

The following application materials are required:

- **Independent Program Application Form**
- **Letter of Professional Recommendation**

This letter must be written by someone who has worked or studies with you and can confirm your commitment and desire for serious training at the Martha Graham School of Contemporary Dance.

Applicants currently residing in New York City may ask to be evaluated by taking classes at the Martha Graham School in lieu of a letter of recommendation.

- **Short Personal Essay**  
Please describe why you are interested in studying at the Martha Graham School.
- **Medical Record Form**
- **2 Passport Photographs**
- **\$30 Application Fee**, payable to the Martha Graham School.

Payments can be made by

- Credit Card
- Personal Check drawn on a US Bank
- Wire Transfer into the Martha Graham School Account. **You must add \$25 banking fee to the amount you are transferring into the Martha Graham School account!** To transfer money directly into the Martha Graham School account, you will need to provide the following information:

- Citibank  
1078 Third Avenue  
New York, NY 10065
- Account name: Martha Graham School of Contemporary Dance, Inc., School Account
- Account number: 632 778 08
- ABA number/Routing number: 021 000 089
- SWIFT CODE: CITIUS 33

The person sending the wire transfer must also list:

- Your name
- **Purpose: IP application fee (which semester you want to start the program, i.e. Fall 2008)**

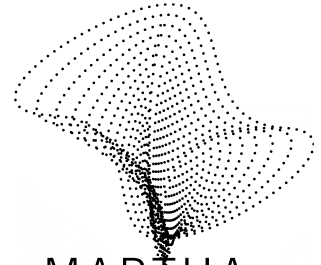
**Make sure you obtain a receipt documenting the completed wire transfer transaction.**

International applicants must submit their applications at least three to four months prior to the date they want to start the Program. Please make sure all material listed above is included. Send or fax the Application to:

Martha Graham School of Contemporary Dance  
316 East 63rd Street  
New York, NY 10065  
U.S.A.  
Fax: 212 838-0339

After the completed application is received, it will be processed and the applicant will be notified within 4 weeks on the decision. Information on how to proceed further will then be provided.

# APPLICATION FOR THE INDEPENDENT PROGRAM



**MARTHA  
GRAHAM**  
School of Contemporary Dance

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: MALE  FEMALE   
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (N.A. if not available)

ARE YOU A U.S. CITIZEN OR A PERMANENT RESIDENT? YES  NO

ETHNICITY (for U.S. Citizens):

- American Indian/Alaska  Asian/Pacific Islander  Black, Non-Hispanic  Hispanic  
 White, Non-Hispanic  Race/Ethnicity Unknown  Other: \_\_\_\_\_

IF YOU ARE NOT A U.S. CITIZEN, PLEASE COMPLETE THE FOLLOWING:

COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

ARE YOU CURRENTLY IN THE USA? YES  NO  IF YOU HAVE ANSWERED YES:

WHAT IS YOUR CURRENT IMMIGRATION STATUS? \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TERM YOU WISH TO BEGIN THE INDEPENDENT PROGRAM: (CHECK ONE)

- FALL SEMESTER (SEPT. TO JAN.) \_\_\_\_\_ (YEAR)  
 SPRING SEMESTER (FEB. TO JUNE) \_\_\_\_\_ (YEAR)  
 SUMMER INTENSIVE (JULY TO AUG.) \_\_\_\_\_ (YEAR)

HOW LONG DO YOU PLAN TO ATTEND THE INDEPENDENT PROGRAM?

- ONE SEMESTER  ONE YEAR (2 SEMESTERS AND SUMMER)  
 TWO SEMESTERS  TWO YEARS  
 OTHER, PLEASE DESCRIBE: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

● **WHAT IS YOUR EDUCATIONAL BACKGROUND? ACADEMIC AND DANCE (PLEASE GIVE DATES OF ATTENDANCE)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DIPLOMAS/DEGREES** \_\_\_\_\_ (PLEASE GIVE NAME OF INSTITUTION)

● **HAVE YOU HAD PREVIOUS TRAINING IN THE MARTHA GRAHAM TECHNIQUE? PLEASE DESCRIBE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **HAVE YOU DANCED WITH ANY PROFESSIONAL COMPANY? PLEASE DESCRIBE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **WHAT PROFESSIONAL AMBITIONS DO YOU HAVE?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

● **HOW DID YOU FIND OUT ABOUT THE MARTHA GRAHAM SCHOOL?** \_\_\_\_\_

\_\_\_\_\_

I CERTIFY WITH MY SIGNATURE THAT THE PROVIDED INFORMATION IS TRUE AND CORRECT.

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# MEDICAL RECORD FORM

To be completed by student prior to entrance into all full time programs  
Please print clearly and keep a copy for your records.



**MARTHA  
GRAHAM**  
School of Contemporary Dance

PROGRAM: \_\_\_\_\_  
Independent Program, Professional Training Program, 3<sup>rd</sup> year Post Certificate Program, Teacher Training Program

SEMESTER AND YEAR OF ADMISSION: \_\_\_\_\_  
Fall, Spring, Summer, Year

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE  FEMALE   
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: \_\_\_\_\_ -- --

ADDRESS: \_\_\_\_\_

HOME TELEPHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

LOCAL (NEW YORK) ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

## MEDICAL HISTORY

List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc.:

\_\_\_\_\_  
\_\_\_\_\_

List medications that you take regularly.

Nonprescription: \_\_\_\_\_

Prescription: \_\_\_\_\_

List any allergies or reactions you have had to medications and when:

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List allergies or reactions you have to foods, molds, pollens, animals, insects, etc.

\_\_\_\_\_  
\_\_\_\_\_

List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

\_\_\_\_\_  
\_\_\_\_\_



Have you ever been hospitalized?  No  Yes (if yes, please specify and include date(s)):

Injury \_\_\_\_\_

Surgery \_\_\_\_\_

Psychiatric \_\_\_\_\_

One's emotional life often has an effect directly or indirectly, on one's physical health, such as symptoms of stress or mood changes. Please provide information about any psychological or emotional matters which could affect your physical health, and about which our School should be aware.

Have you been vaccinated for the following: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_

Do you have any religious beliefs affecting any aspect of your health care, which our Office should know about?

No  Yes (If, yes, please specify)

## HEALTH INSURANCE INFORMATION

Do you currently have health insurance coverage?  No  Yes

Health Insurance Company \_\_\_\_\_ Dates of coverage \_\_\_\_\_

Will your insurance cover you while you are attending the Martha Graham School?  No  Yes

(You must include a copy of your health insurance card/information)

## HEALTH CARE PROVIDER INFORMATION

Please list your doctor's information below (include any health care providers in addition to your primary care physician, including chiropractors, physical therapists, etc.)

Primary Physician's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Other health-care provider(s)

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

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ confirm that the information above is correct and true.  
Your Name

Student's Signature \_\_\_\_\_

\_\_\_\_\_ Date

### TO BE COMPLETED BY A LICENSED PHYSICIAN

- I confirm that the above named student is physically able to take part in a rigorous dance program.
- Physical activity is not recommended, please state limitations below.

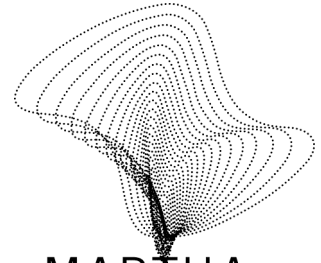
\_\_\_\_\_  
Physician's Signature (required)

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date of Examination

## INDEPENDENT PROGRAM APPLICATION FEE PAYMENT

By completing this form you inform the Martha Graham School of the type of payment you are intending to use to pay the Independent Program application fee. Please complete the applicable sections below.



**MARTHA  
GRAHAM**  
School of Contemporary Dance

PLEASE PRINT CLEARLY

### APPLICANT

Applicant's Last Name	Applicant's First Name
Current Email	Student's Date of Birth (month/day/year)

I have enclosed a \$30 check drawn on an US American Bank.

I have wired \$55 directly into the Martha Graham School account.

- Date the wire transfer was initiated: \_\_\_\_\_
- Name of the account holder the wire transfer was sent from: \_\_\_\_\_

I will include my credit card information below.

By completing this section you authorize the Martha Graham School to charge your Credit Card in order to pay the application fee for the Independent Program. You may also use a parents or a friends credit card authorization.

### CREDIT CARD AUTHORIZATION SECTION

This section authorizes the use of a credit card for the payment of the \$30 Independent Program Application Fee only.	
Type of Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	
Credit Card Number	Expiration Date
Do not forget →→	
Signature of Cardholder	Today's Date
Name of Cardholder (if different from student)	
Billing address of Cardholder Line #1	State/Province
Address Line #2	Country
City	Phone Number
Zip/Postal Code	Email

Your receipt will be included when notified of the results of your application.