

APPLICATION FOR THE PROFESSIONAL TRAINING PROGRAM

Admission to the Professional Training Program is by audition or recommendation of two faculty members of the Martha Graham School and the approval of the School Directors. Letters of recommendation must accompany this application)



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 PROFESSIONEL TRAINING PROGRAM: (CHECK ONE)

- FALL SEMESTER (SEPT. TO JAN.) _____ (YEAR)
 SPRING SEMESTER (FEB. TO JUNE) _____ (YEAR)

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)

• **PLEASE DESCRIBE YOUR PREVIOUS TRAINING IN THE MARTHA GRAHAM TECHNIQUE?**

• **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** _____

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For Office Use Only

ACCEPTED YES: NO:

DIRECTOR OF PROGRAMS: _____

DATE: _____