



APPLICANT INFORMATION

Name _____
First Middle Initial Last

Permanent Address _____
Street City State Zip

Phone (____) _____ Alternate Phone (____) _____

ACADEMIC INFORMATION

High School _____ Expected Graduation Date _____

College or University you are planning to attend:

Choice 1 _____
Name City

Accepted? Y N Wait list TBD

Choice 2 _____
Name City

Accepted? Y N Wait list TBD

Major _____ Degree _____ Expected Graduation Date _____

The following items must be received by The Washington Center for the Performing Arts, 512 Washington St SE, Olympia, WA 98501, (306) 753-8585 by March 30, 2018 to make your application complete. Do not use binders, report covers, folders, or staples.

- * This application form
- * Personal Statement
- * Transcripts
- * 2 letters of recommendation – one from a current teacher

I certify that all of the information I have provided in this application is true to the best of my knowledge.

Signature _____ Date _____

Parent/Guardian: (if under 18 years) _____

Do Not Write below this line—for official use only

Date Rec'vd _____