



“Gaining A Perspective”

APPLICATION FOR “G.A.P.” Year

Please print clearly! A non-refundable application fee of \$25.00 must accompany application.

PERSONAL INFORMATION: (*send a personal photo with application)

Social Security Number

Date of Birth

Last Name

First Name

MI

Age

Address

Email

City

State

Zip

Driver’s License: State _____ # _____

Expiration Date _____

Phone: Home (_____) _____

Cell (_____) _____

Mother’s Name _____

Cell (_____) _____

Work(_____) _____

Mother’s Email _____

Father’s Name _____

Cell (_____) _____

Work(_____) _____

Father’s Email _____

Parent’s Marital Status:

Married ()

Divorced ()

I live with _____

Deceased ()

Nicky Chavers, Founder and President
Noah Stratton, Executive Director

www.theAcademyofArts.org



How did you hear about **The Academy of Arts** Ministries?

MEDICAL INFORMATION:

Emergency contact _____ Relationship to student _____

Emergency contact phone number (_____) _____

Allergies? _____

Medications? _____

What is the medication needed for? _____

Special limitations: _____

General Health Condition (*Circle one*): good fair excellent

_____ I have *never* used drugs, cigarettes, or alcohol.

_____ I have used drugs, cigarettes, or alcohol.

Explain if drugs, cigarettes, or alcohol have been used: _____



ACADEMIC INFORMATION:

High School you last attended _____
Address _____ City _____
State _____ Zip _____ Phone (_____) _____
Principal _____ Graduation date _____

Other Educational Institutions you have attended _____

College 1 2 3 4 Other _____

Honors or Awards _____

Have you ever been expelled from a school? Yes No
If yes, please explain: _____

Have you ever violated the law and had to be arrested? Yes No
If yes, please explain: _____

Have you ever experienced an emotional or mental illness? Yes No
If yes, please explain: _____

Through keeping a personal transcript of your hours spent working for the various department, The Academy of Arts Conservatory can offer you college credit after you have completed your year. Please circle "Yes" or "No" if you would like to receive an official transcript.

Yes , I would like to receive an official transcript based on a personal recording of my hours.
No, I am not interested in receiving college credit for my time during the "GAP" year.

INTERESTS:

Music: Vocal(circle) 1st Soprano 2nd Soprano Alto
 Tenor Baritone Bass
 Instrumental _____
 Piano (*years of experience*) _____

Sports: VB BB FB Baseball Track Tennis Swimming
 Other _____

Speech/Drama: Experience & training _____

Please circle one or more areas of interest and please briefly list any experience that you may have in any of the listed areas on a *separate piece of paper*:

- | | | |
|---------------------------------|----------------------|-------------------------|
| Auto Mechanics | Building Maintenance | Carpentry |
| Costume Design and Construction | Office Work | Puppetry |
| Promotions/Marketing | Stage Makeup | Set Design/Construction |
| Stage Lighting | Technical Theatre | |

Testimony of Salvation: (*List verses*)



Explain your position on Rock Music, Contemporary Music and Sacred Music on a separate sheet of paper and attach the paper to your application.

Explain what part, if any, “tongues” plays in the worship of the Lord in this day and age.

Do you practice speaking in tongues in your church or personal worship? Yes No

I understand that this internship provided by the **Academy of Arts Christian Ministries** is an experience based in practical training. I am excited about the opportunity that I will have to be personally mentored by the Academy of Arts staff. I plan to give my best effort in service and educational opportunities afforded me during my tenure with The Academy of Arts Ministries and will abide by its rules and regulations with a submissive spirit.

Name _____ Date _____

I am responsible for the financial payments to the Academy of Arts for the above applicant. I understand that all checks are to be made payable to the Academy of Arts and paid in a timely manner as agreed upon and that if payments are not received in a timely manner the student will be subject to dismissal from the G.A.P Program.

Name _____ Date _____

Signature _____ Relationship to Applicant _____

Phone _____ Email _____