

# APPLICATION

## THE ACADEMY OF ARTS CHRISTIAN CONSERVATORY



80 SCHOOL STREET, TAYLORS, SC 29687  
864.268.9342 | [THEACADEMYOFARTS.ORG](http://THEACADEMYOFARTS.ORG)

# APPLICATION

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                      Age                      Date of Birth

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name

\_\_\_\_\_  
 Address                      Ethnicity

\_\_\_\_\_  
 City                      State                      Zip

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Father's Email: \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Parent's Marital Status: Married ( ) Divorced ( ) I live with \_\_\_\_\_ Deceased ( )

How did you hear about The Academy of Arts Christian Conservatory? And why do you wish to attend our program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

Emergency contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency contact phone number: (\_\_\_\_\_) \_\_\_\_\_

Allergies (*food, medical, or other*)? \_\_\_\_\_

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

APPLYING FOR:

- \_\_\_\_\_ One Year G.A.P. Program
- \_\_\_\_\_ Associate’s Degree in Dramatic Production
- \_\_\_\_\_ Associate’s Degree in Film
- \_\_\_\_\_ Bachelor’s Degree in Dramatic Production
- \_\_\_\_\_ Bachelor’s Degree in Film
- \_\_\_\_\_ Master’s Degree in Dramatic Production

**DORMITORY STUDENT**

**TOWN STUDENT**

High School last attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Principal: \_\_\_\_\_

Years of Education 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Graduation date: \_\_\_\_\_ GPA: \_\_\_\_\_

Other Educational Institutions you have attended: \_\_\_\_\_

\_\_\_\_\_

College 1 2 3 4 Other: \_\_\_\_\_

SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ or PSAT: \_\_\_\_\_

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: \_\_\_\_\_

## INTERESTS

MUSIC: Vocal(*circle*) 1<sup>st</sup> Soprano 2<sup>nd</sup> Soprano Alto  
 Tenor Baritone Bass

Instrumental: \_\_\_\_\_  
 Piano(*years of experience*): \_\_\_\_\_

SPORTS: VB BB FB Baseball Track Tennis Swimming Dance  
 Other: \_\_\_\_\_

SPEECH/DRAMA: Experience & training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CHURCH INFORMATION

Church Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Pastor: \_\_\_\_\_

How often do you attend church services? \_\_\_\_\_  
 In what ways are you involved in your church? \_\_\_\_\_

How often do you spend time in Bible study or devotions? \_\_\_\_\_

# ABOUT YOU

Testimony of Salvation: *Use space below or space provided at the back of this application.*

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Please list your favorite (2 or 3) songs and why:  
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Please list your favorite (2 or 3) movies and why:  
*Use space below or space provided at the back of this application.*

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Please list your favorite (2 or 3) books and why:  
*Use space below or space provided at the back of this application.*

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## FINAL STEP

I understand that the course of study provided by **The Academy of Arts Christian Conservatory** is a very practical approach to education. 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: \_\_\_\_\_ Signature: \_\_\_\_\_ 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 conservatory.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**\*Please send in all transcripts (high school and college if applicable) with your application or request to have them sent directly to:**

**THE ACADEMY OF ARTS  
ATTN: OFFICE OF THE REGISTRAR  
80 SCHOOL STREET  
TAYLORS, SC 29687**

**\*Applications cannot be processed without transcripts, the \$25 application fee, and a personal photo submitted to the office.**





