

InnerSpark Dance Application—2009

c. Email address: _____

d. Date of Birth (use numbers): ____/____/____.

e. Age: _____

f. Gender: () male () female

g. Grade Level to be completed as of June 2009: _____

h. Home Phone: (____) ____-_____

i. Student Cell Phone: (____) ____-_____

3. PARENT/GUARDIAN INFORMATION

a. Parent/Guardian First Name: _____

Last Name: _____

b. Home Phone: (____) ____-_____

c. Business Phone: (____) ____-_____

d. Parent Cell Phone: (____) ____-_____

e. Email address: _____

4. SCHOOL INFORMATION

a. Current School: _____

Phone: (____) ____-_____

Street Address: _____

City: _____

State: _____ Zip: _____ California County: _____

5. ATTENDANCE VERIFICATION

(Use separate Attendance Verification form): To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form.

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6. RECOMMENDATION INFORMATION

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be schoolteachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

FIRST RECOMMENDATION:

a. Name: _____

b. Position: _____

c. School (if applicable): _____

d. Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

SECOND RECOMMENDATION:

a. Name: _____

b. Position: _____

c. School (if applicable): _____

d. Address

Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts (InnerSpark)?

a. Friend b. Internet c. Poster d. Teacher e. School Administration

f. Local Arts Organization g. Other (Specify): _____

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8. CALIFORNIA RESIDENTS ONLY: WHO ARE YOUR LEGISLATIVE REPRESENTATIVES?

State Senator: _____

State Assembly Member: _____

To determine your legislative representatives, go on the internet to <http://www.leginfo.ca.gov/yourleg.html>.

9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?

() a. Physical:

- () Legally blind/visually impaired
() Mobility impairment (including orthopedic)
() Other impairment (please specify):

() b. Communication:

- () Speech impairment
() Hearing impairment
() Learning disability

Please describe:

10. ETHNIC INFORMATION This question is optional. The California State Summer School for the Arts is committed to enrolling a student body that is culturally diverse, as well as artistically talented. Answers are compiled and used for statistical purposes only. Your answer will not determine your qualification or selection for the school.

Check one:

- () American Indian or Alaskan Native () Hispanic
() Filipino () Multi-Racial
() White (non-Hispanic) () Pacific Islander
() Asian () African American (non-Hispanic)
() Other _____

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11. EDUCATIONAL INFORMATION

a. How many years have you studied your primary art form:

(1) In your school: _____

(2) Private study: _____

b. Do you have educational plans beyond high school? If yes please describe:

c. If you attended previously, please circle the year(s) and indicate department(s):

() 2005 () 2006 () 2007 () 2008 Department(s): _____

12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee by February 28, 2009 to the Department you are applying to at:

California State Summer School for the Arts (InnerSpark)

ATTENTION: Department _____

P.O. Box 1077

Sacramento, CA 95812-1077

- You MUST write the Department you are applying to on the outside of the envelope.
- A non-refundable \$20 APPLICATION FEE in the form of (check method of payment) is required:

() CHECK or MONEY ORDER made payable to "CSSSA" -- NO CASH

() VISA () MasterCard

Card # _____ Expires Mo. _____ Yr. _____

Three to seven digit number found in signature box on back of card: _____

Information Hotline: (916) 274-5815;

FAX: (916) 274-5814;

EMAIL: <application@innerspark.us>

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**California State Summer School for the Arts (InnerSpark) 2009 Program
RECOMMENDATION FORM
DEADLINE: February 28, 2009**

To the Student: **YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!** Two separate Adults need to fill out a recommendation form for you. Please make sure that this form and all other parts of the application are submitted in the same envelope by February 28, 2009. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

1. STUDENT INFORMATION

Students please fill in the student information portion of this form before sending it to the individual who will be recommending you.

a. Student First Name: _____

b. Last Name: _____

2. RECOMMENDING ADULT: (Teacher, private instructor or other recommending adult).

a. Name of recommending individual:

b. Recommender's Address:

Street Address: _____

City: _____

State: _____ Zip: _____

c. Recommender's Phone: (____) _____ - _____

d. Subject Taught: _____

e. How many years have you known this student and in what capacity:

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f. Indicate below your evaluation of the applicant:

1. Interest in chosen area:

Below Average Average Above Average Superior

2. Ability in chosen area:

Below Average Average Above Average Superior

3. Character:

Below Average Average Above Average Superior

4. Cooperation:

Below Average Average Above Average Superior

5. Leadership:

Below Average Average Above Average Superior

6. Emotional Maturity:

Below Average Average Above Average Superior

7. Personal Initiative:

Below Average Average Above Average Superior

g. Additional comments:

h. Signature:

i. Date: _____

3. PROVIDE COMPLETED FORM TO STUDENT

(May be sealed for confidentiality).

California State Summer School for the Arts (InnerSpark); Information Hotline: (916) 274-5815 FAX: (916) 274-5814

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California State Summer School for the Arts 2009 Program FINANCIAL AID REQUEST

Financial aid is restricted to CALIFORNIA RESIDENTS. It is not awarded to students attending for a second summer regardless of department.

DEADLINE: February 28, 2009

- This form **must be submitted with the application** if you wish to be considered for financial aid. Your chances of acceptance to InnerSpark will not be affected by your financial aid application.
- You **MUST** submit a copy of parent/guardian's 2007 or 2008 (whichever is most recently filed) 1040, 1040A, or 1040EZ tax forms and supplements with this request.
- **DO NOT FILL OUT THIS FORM OR SUBMIT INCOME TAX RETURNS IF YOU ARE NOT APPLYING FOR FINANCIAL AID.**
- THIS APPLICATION MUST BE TYPED OR COMPLETED IN BLUE OR BLACK INK PEN, not pencil.

Student Name: _____

Student Social Security #: _____

Home Telephone: (_____) _____ - _____

Parent/Guardian Social Security #: _____

Street Address: _____

City, State, Zip: _____

Mother's Name _____

Business Phone: (_____) _____ - _____

Father's Name _____

Business Phone: (_____) _____ - _____

1. Parent's current marital status (please check one)

Married. (Report income information for both parents, including step-parent).

Widow/Widower. (Report income information of surviving parent.)

Separated/Divorced. (Report income information on parent you lived with during the last twelve months.)

2. State of LEGAL RESIDENCE of parent(s): _____

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3. Total size of HOUSEHOLD during 2007-2008 school year including parents, all dependent children, and other dependents who live with your parents: _____

4. Parents' ADJUSTED GROSS INCOME:

a. Amount earned by father: _____

b. Amount earned by mother: _____

5. Total U.S. INCOME TAX PAID: _____

6. SOCIAL SECURITY BENEFITS that the entire family received. Omit educational benefits. (Do not report money included in No. 4 above.):

7. AFDC welfare benefits received by parents. Report total annual amount, not monthly amounts. (Do not report money included in No. 4 above.)

8. NON-TAXABLE INCOME. Include untaxed unemployment compensation, interest and dividend exclusion, military, or clergy housing allowances, the untaxed portion of capital gains, income from untaxed municipal bonds, child support, non-taxable retirement pay-outs, and non-educational veteran's benefits. (Do not report money included in No. 4 above.)

9. UNREIMBURSED MEDICAL COSTS. Report medical expenses for the family which were not reimbursed. Use the same rules for calculation that the IRS allows, but exclude insurance premiums.

10. STUDENT'S INCOME. Enter amount earned:

11. STUDENT'S NON-TAXABLE INCOME. Enter total amount of untaxed income. (Use same definitions as in No. 8.)

12. STUDENT'S SAVINGS. Enter total of checking and savings accounts.

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13. PARENT'S CASH SAVINGS. Enter total amount of savings and checking accounts.

14. HOME VALUE. Enter the current market value of your home, condominium, or mobile home.

15. MORTGAGE DEBT. Enter the amount of principal still owed.

16. REAL ESTATE AND INVESTMENTS. Enter market value of other real estate, investments, stocks, bonds, certificates of deposit, precious metals, etc.

17. INVESTMENT DEBT. Enter amount owed on investments in No. 16.

18. BUSINESS OR FARM. Enter the market value of your business or farm. Include inventory.

19. BUSINESS/FARM DEBT. Enter the amount of debt owed on business or farm. Exclude non-family partner's share of debt.

20. Total number of family members who are full-time college students.

Mail this form along with your application and materials by February 28, 2009 to:

California State Summer School for the Arts (InnerSpark)

Attention: Department _____

P.O. Box 1077

Sacramento, CA 95812-1077

Application and Financial Aid Info: (916) 274-5815

FAX: (916) 274-5814

EMAIL: application@innerspark.us

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**California State Summer School for the Arts 2009 Program
ATTENDANCE VERIFICATION FORM**

POSTMARK DEADLINE: February 28, 2009, with completed application

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript!

- A teacher or counselor from your high school must fill out this form for you.
- Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by California State Summer School for the Arts (InnerSpark).

ATTENDANCE VERIFICATION: To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that _____

(student) submitting this application is a bona fide student at:

_____ school.

Teacher/Counselor Name: _____

Position: _____

Signature: _____ Date: _____

Mail* this form along with your application and materials by February 29, 2008 to:

California State Summer School for the Arts (InnerSpark)
Attention: Department _____
P.O. Box 1077
Sacramento, CA 95812-1077

* You MUST write the Department you are applying to on the outside of the envelope.

Application and Financial Aid Information: (916) 274-5815 FAX: (916) 274-5814; email application@innerspark.us

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DANCE APPLICATION

Applicants to the Dance program must submit completed applications and teacher recommendation forms and the following **REQUIRED DANCE VIDEO ASSIGNMENTS** on a mini-DV tape cassette or full-size DVD. [Note: Mini-DV tape cassettes are not the same media format as Mini-DVD; Mini-DVD's will not be reviewed]:

A. Introduction: At the beginning of the video, identify yourself, describe your interest in dance, and tell us how many years of training you have had in ballet and/or modern dance. Tell us what you hope to gain by attending the California State Summer School for the Arts, and discuss your educational and career goals. **INTRODUCTIONS SHOULD NOT EXCEED 20 SECONDS -be brief!** (RETURNING STUDENTS ONLY: You must briefly state your specific learning objectives and reasons for wanting to return to the Innerspark Dance Program. If you previously attended InnerSpark in an artistic discipline other than Dance, you must submit a recommendation from an InnerSpark instructor in that department).

B. Warm-up: Execute a standing dance warm-up (not to exceed two minutes) that shows your technical strengths and abilities. The warm-up must emphasize strength, stretch, balance, coordination, rhythm and elevation. (You may perform this warm-up to music if you wish but it is not required.)

C. Performance/Choreography: Perform one or two dances (not to exceed four minutes) that you have studied and/or choreographed. Describe your selection(s) indicating the choreographer(s) and musical composer(s) at the beginning of this section. Absolutely **NO GROUP PERFORMANCE** videos will be accepted.

PLEASE NOTE:

- Female applicants **MUST** wear a leotard and tights or unitard;
- Male applicants **MUST** wear a T-shirt and tights or unitard when taping the audition video
- **NO LOOSE FITTING** or street clothing, please.
- Time limits are strictly enforced.
- Important! If you submit your video on Mini-DV tape cassette, you **MUST** cue your tape, (i.e., rewind it to the spot where your introduction begins).

REQUIRED INFORMATION ON ALL MINI-DV TAPE CASSETTES AND DVDs: Your video will NOT be reviewed unless it is clearly labeled with your name, on both the container and the DVD or Mini-DV tape cassette.

It is your responsibility to check your video before you send it to us to make certain that it is viewable, and to package it so that it will arrive undamaged. We do not assume responsibility for the loss or damage of your submission. **AUDITION VIDEOS**

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WILL NOT BE RETURNED.

5. Send your completed application and teacher recommendation forms and application fee, your financial aid request with supporting documentation (if applicable), and your Dance Video in one package, addressed to:

California State Summer School for the Arts (InnerSpark)
Attention: Dance Department
P.O. Box 1077
Sacramento, CA 95812-1077