Reach at Boston University
Summer Outreach/Teen Apprenticeship Dance Program

*Please note that Reach is 5-week program:
June 26—July 14, 9am—2pm and
July 17—July 28, 8am—2pm

INSTRUCTIONS FOR APPLICATION

Under the guidance of professional dancers and college interns, up to sixteen teenage apprentices will create a 45 minute dance performance and go “on tour” to day camps in the Greater Boston area. Students will hone their technical, performance and choreographic skills during the first three weeks; for the next two weeks, the “company” will perform and lead workshops at a dozen Associated Grantmakers’ Summer Fund sites. In addition, there will be master classes, an evening performance for the public, and an informational session on preparing for college admission. Scholarships are available. Admission by audition and recommendation.

Dear Student:

I am pleased that you are interested in Reach. Please use the following as a checklist while completing the application:

- Fill in your personal information on page 1. Please be sure to complete the short answer question on page 2.
- Choose a teacher or counselor who knows your work as a student and ask him or her to write a short letter of recommendation. You should give this person the attached letter of recommendation form.
- Ask your parent or guardian to sign the parental permission form.
- The full fee is $925. If you are applying for a full scholarship, ask your parent or guardian to fill out and sign the income statement. You will also need to submit one of the following: a copy of a tax return form 1040, 1040a or 1040EZ, or a letter from your school’s guidance counselor stating you have met the qualifications for the free or reduced lunch program.
- Attend the audition on Saturday, March 25, from 12-2 p.m. Prepare to take class and learn a short phrase of choreography. You may plan to show us a solo if you would care for us to see your choreography or your performance style.

Reach offers an exciting opportunity for you. I look forward to learning more about you and of your interest in the program. Please return application to address below OR scan to mtaypin@bu.edu

Sincerely,

Micki
Micki Taylor-Pinney
Director of Dance
617-353-1597
mtaypin@bu.edu
http://www.bu.edu/fitrec/dance/reach/
(Please print neatly)

Date __________________________

## STUDENT INFORMATION

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## PARENT/GUARDIAN INFORMATION

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Please indicate how you would like for us to contact you:

( ) Please send information and forms electronically. I have access to a computer and check my e-mail address regularly.

( ) Please send information and forms by mail to my home address.

If you wish to be identified with a particular racial or ethnic group, please check the following:
(Please note this information is used solely for reporting purposes to the United States Department of Education or to our funders)

- African American, Black
- American Indian, Alaskan Native
- Asian
- Native Hawaiian, Pacific Islander
- Hispanic or Latino
- Multi-racial
- White

Is English your first language? [ ] Yes [ ] No

Is English the primary language spoken at home? [ ] Yes [ ] No

If no, what language is spoken at home? : ____________________________
Reach at Boston University
2017 Application

Please check the box below that best indicates how you first learned about Boston University Reach:
[ ] Guidance Counselor     [ ] A Friend or Relative     [ ] Reach Website
[ ] High School Teacher    [ ] Other: ____________________

DANCE EXPERIENCE

Please check the box below that represents the highest level of styles of dance you have studied and write the level in the space beside it, for example: beginning, intermediate or advanced.

[ ] Modern__________________ [ ] Ballet_________________ [ ] Jazz_________________
[ ] African or Caribbean ______________ [ ] Tap________________ [ ] Other:_________________

Have you ever choreographed a dance before? ________________________________
If so, when and where? ______________________________________________________

Are you involved in any other performing art? _________________________________
If so, what? ________________________________________________________________

Please complete the following short answer question, which is started for you.
I would like to be selected to participate in Reach because... (You might want to write about the hopes you have for continuing your dance education, what you want to gain from the program, which high school subjects you like and if you know what you’d like to study in college.)

____________________________________________________________________________
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Reach at Boston University
2017 Application

ONE LETTER OF RECOMMENDATION
Rolling Deadline: ASAP

TO THE STUDENT: Please separate this sheet from the rest of application and give to one teacher/counselor to fill out.

TO THE TEACHER OR SCHOOL COUNSELOR:

Reach is a dance training program offered by Boston University. The students will be taking class, working collectively to create a performance, studying pedagogy, team teaching workshops for younger children and performing every weekday for the final two weeks of the program. They will also meet with representatives from the Dean of Students office to learn more about the college admissions process. Their attendance will be mandatory at all the activities.

Please assess the above student’s potential to be a successful participant in the program. We would appreciate your comments on the student's ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, oral expression, working with and relating to others, common sense and good judgment, and persistence to carry through on tasks. Please indicate how long you have known the student and name the course in which you have him/her.

You may either return this recommendation to the student or mail it directly to:

Boston University Dance Program
Reach
915 Commonwealth Ave.
Boston, MA 02215
Fax: 617-353-5147

Thank you for your time and for your support of this student.

Please write your recommendation on the reverse side of this form or attach a letter.

Signed ___________________________ Date: ___________

Teacher’s Name ___________________________ Title ________________
Reach at Boston University
2017 Application

AUDITION: March 25, 2017, 12 – 2p.m.
Boston University Fitness and Recreation Center, 915 Commonwealth Ave., Room L240

The audition is required and will consist of a modern warm-up covering some basic ballet technique, followed by a hip-hop jazz combination. You may plan to show us a solo if you would care for us to see your choreography or your performance style.

If you wish, please submit names of those who may accompany you

1. ______________________________       2. ______________________________

Please indicate if you would like to present a solo at the end of the audition (optional).

[  ] Yes, my solo is ______ minutes long.
[  ] No, I do not have a solo to present and understand there is no penalty.

PARENTAL CONSENT, WAIVER & RELEASE

I, ________________________________ the parent/guardian of ________________________________
give my consent of his/her participation in the Reach Program Audition being sponsored by the Department of Physical Education, Recreation and Dance of Boston University. I understand that, if accepted into the program, my child will be attending classes and informational sessions at the university as well as traveling to community centers and summer camps in the Greater Boston area. I understand that the university has made no representation concerning the safety of the methods of travel to and from or the travel sites visited.

I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the Reach Program, including travel, and I agree to release Boston University from any and all liabilities and claims whatsoever arising in connection with my child's attendance and participation, including travel, except insofar as such liabilities and claims arise out of Boston University's gross negligence or willful misconduct.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is or could be legally responsible.

I agree that the laws of the Commonwealth of Massachusetts shall govern this Waiver & Release. I affirm that I have read and understood this document.

__________________________________________
Name of Parent of Guardian (Please Print)

__________________________________________  _____________
Signature of Parent or Guardian       Date
The full fee is $925.00

FOR SCHOLARSHIP APPLICANTS ONLY: STATEMENT OF INCOME
This information will be held in the strictest of confidence and used solely for the purposes of determining eligibility for full and partial scholarships.

The student’s parent or legal guardian must complete this statement. Please answer the questions below and sign the certification that follows.

Parent Name: ____________________________

Please enter the total number of people in your household. __________

Please choose A, B or C.
We MUST have documentation in order for your child to be eligible for a scholarship.

A. If your family receives transitional assistance benefits, you must attach a letter from the Massachusetts Department of Transitional Assistance that verifies your receipt of benefits.

B. If your child qualifies for the federally funded school lunch program, you must attach a letter from your school that verifies his/her eligibility.

C. If your family’s annual taxable income is less than 300% of the Federal Government Poverty level you must provide us with a photocopy of your 2015 or 2016 tax return with supporting W-2s that includes line 6 of IRS Form 1040EZ, or line 27 of IRS Form 1040A, or line 42 of IRS Form 1040.

CERTIFICATION:

All of the information provided by me or any other person on this form is true and completed to the best of my knowledge. If asked by a Reach staff member, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. federal tax return or a letter from the school stating my child’s eligibility for the free or reduced lunch program.

_________________________________    ____________    ____________
Signature of Parent or Guardian     Date

- 5 -