

**Application Deadline:**

March 29, 2012 for March 31 Audition

Will begin accepting applications January 1, 2012

After March 29, rolling deadline if space available; audition by appointment

Earlier audition may be requested.

***Reach* at Boston University  
Summer Outreach Dance/Teen Apprenticeship Program**

**\*Please note that *Reach* is now a 5-week program:**

Monday-Friday June 25-July 13, 9am-2pm

Monday-Friday July 16-July 27, 8am-2pm

**INSTRUCTIONS FOR APPLICATION**

Under the guidance of professional dancers and college interns, up to sixteen teen-age 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 the 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.
- ✓ 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 31**, 12-2 p.m. Prepare to take class and to 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.

Sincerely,

Micki Taylor-Pinney

Director

617-353-1597

[mtaypin@bu.edu](mailto:mtaypin@bu.edu)

[www.bu.edu/fitrec/programs/dance/reach](http://www.bu.edu/fitrec/programs/dance/reach)

Boston University Department of Physical Education, Recreation and Dance  
915 Commonwealth Avenue, Boston, MA 02215  
617-353-1597; [www.bu.edu/fitrec/programs/dance/reach](http://www.bu.edu/fitrec/programs/dance/reach)



# Reach at Boston University 2012 APPLICATION

(Please print neatly or type)

Date \_\_\_\_\_

### STUDENT INFORMATION

First Name:	Last Name:	M.I.:
Age:	Date of Birth: \ \	[ ] Male [ ] Female
Home Address:	Apt #:	
City:	State:	Zipcode:
Home Phone:	Student Cell Phone:	
Student Email:		
Name of High School:	Grade:	
Name of High School Counselor:		

### PARENT/GUARDIAN INFORMATION

Name:	Name:
Mother/Father/Guardian (circle one)	Mother/Father/Guardian (circle one)
Daytime phone#:	Daytime phone#:
Home or cell#:	Home or cell#:
Email:	Email:

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

**ONE LETTER OF RECOMMENDATION**

**Deadline: March 29, 2012**

TO THE STUDENT: Please separate this sheet from the rest of application and give to one teachers/counselors 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 and Admissions offices to learn more about the college admissions process and scholarships that are available to students. 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.**

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_

**Title** \_\_\_\_\_

*Reach* at Boston University  
**AUDITION: March 31, 2012, 12-2 p.m.**  
Boston University FitRec Center, 915 Commonwealth Ave., 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.*

**Please submit names of those who may accompany you (not necessary, but an option)**

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 but 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 my child will be attending classes and informational sessions at the university as well as participating in 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

**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 2010 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