

VILLAGE THEATRE INSTITUTE

Letter of Recommendation NEW STUDENTS ONLY – Must submit 1-3

Institute Applicants: Please give this form to a director, teacher, or other qualified person to complete. That individual should comment on your work ethic and character.

Note: We recommend you submit 2-3 Letters of Recommendation. Your Institute Application and corresponding Letter of Recommendation Form(s) can either be presented in a sealed envelope at the time of your audition, or mailed ahead of time to the Institute Manager (details below) prior to your audition.

Please return completed forms to: Casey Craig, Institute Manager

| Mail: | Email: | Fax: |
|--|--|--------------|
| Casey Craig 303 Front Street North Issaquah WA 98027 | ccraig@villagetheatre.org | 425-391-3242 |

SECTION ONE

Name of Applicant: _____

Relationship to the Applicant: _____

Length of Acquaintance with the Applicant: _____

SECTION TWO

1. Please assess the applicant's abilities and potential for an intensive theater training program.

2. Village Theatre Institute requires students to be in class for up to five hours each week. Successful students must be able to work both independently and with peers in a professional manner and must have excellent attendance and personal discipline. Are there any factors that might interfere with the applicant's ability to excel in such an environment? Please explain.

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SECTION THREE

As compared to other students, please rate the Applicant's skill in each of the following categories. Please indicate your choice with a checkmark or x.

| | Needs Improvement | Below Average | Average | Above Average | Outstanding |
|--------------------------------|-------------------|---------------|---------|---------------|-------------|
| Energy & Initiative | | | | | |
| Responsibility | | | | | |
| Social Maturity | | | | | |
| Self-Confidence | | | | | |
| Dependability | | | | | |
| Classroom Participation | | | | | |
| Disciplined Work Habits | | | | | |

In each of the following categories, please indicate your strength of recommendation for the Applicant.

| | Do Not Recommend | Neutral | Somewhat Recommend | Strongly | Enthusiastically |
|---|------------------|---------|--------------------|----------|------------------|
| Aptitude for a Career in the Performing Arts | | | | | |
| Ability to Succeed in a Training Environment | | | | | |
| Overall Recommendation | | | | | |

Print Name: _____

Name of Institution: _____

Title: _____

Email: _____

Phone: _____

Signature: _____ Date: _____