

information for reviewers

1. Please enter names of technical artists and check the box whether the positions below are held by adults or students for your production:

	adult	student		adult	student
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
director			lighting designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
music director			sound designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
choreographer			costume designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
stage manager			hair / makeup artist		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
set designer			orchestra leader		

2. Total number of people involved in production: students _____ adults _____

3. Please indicate what percentage of your orchestra is composed of students: _____ %

Orchestra must have 70% student musicians for nomination consideration

4. Please indicate the percentage of set and costumes that are built versus rented/ borrowed:

set built %:

costumes built %:

set rented / borrowed %:

costumes rented / borrowed %:

5. Is your school a title I school? _____

6. What is your school's budget for this musical? \$ _____

Please provide a breakdown of budget below:

musicians %

royalties %

designers %

other %

7. What is your full year Theatre Departments' Budget for the 2021-2022 Season? \$ _____

8. Please indicate the sources of these funds, with an estimated percentage breakdown (i.e. 60% Ticket Sales, 40% Donations).

ticket sales %

school board allocation %

student fundraising %

community support %

donations%

other %

9. Please provide a brief overview of your school's production history.

10. Please provide a short synopsis of your chosen production.

11. Explain why you selected this year's musical. Include any special conditions related to the production (including Covid-19 adjustments and accommodations for health and safety).

12. Explain any specific challenges related to producing a musical (or this specific musical) at your school.

13. Other Comments.

14. *Please identify any graduating seniors who should be considered for the Applause Awards scholarship. **Please attach a letter of recommendation** as a separate document to the back of your application packet for each student with financial need, describing why they should be considered.*

cast list

Beside classification, please indicate if the character is lead, supporting, featured performer, or ensemble performer. Please reference the National High School Musical Theatre Awards qualifying lead role document on our website or at <http://nhsmta.com/pages/qualifying-lead-roles>. A separate sheet may be attached. Please list **all** cast members.

character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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certification

I have read the program Rules and Guidelines for the Dr. Phillips Center AdventHealth School of the Arts Applause Awards (listed at drphillipscenter.org/applauseawards) and I certify that all of the information above is correct.

please sign

signature

date

print name

If you have any questions about this application or the Applause Awards program, please contact Sara York at **407.839.0119 x1807** or email at sara.york@drphillipscenter.org.

method of payment

*If you would like to process credit card information over the phone please call Sara York at **407.839.0119 x1807**.*

check (make payable to Dr. Phillips Center for the Performing Arts)

credit card

type of card: Visa Mastercard Discover American Express

name as it appears on credit card:

credit card #:

expiration date:

CVC (3 digit # on back of card or 4 digit # on front of American Express)

application checklist

complete & sign form

mail or email application packet to:

applauseawards@drphillipscenter.org

Dr. Phillips Center for the Performing Arts
Attn: Sara York, Applause Awards
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