



dr. phillips center presents

APPLAUSE AWARDS

SUPPORTED BY AdventHealth | UCF Orlando



Application due February 28, 2023

contact information

school name

school address

school phone

contact person

title

contact email (*mandatory*)

contact phone

secondary contact information

name

contact email address (*mandatory*)

name

contact email address (*mandatory*)

show information

You are required to submit the drums, bass, guitar and piano music for all nominated Outstanding Lead performers **within one week of received adjudication.**

name of musical

performance location (*school theater*)

Please list all dates & times of musical for each cast/production.
Do you intend to double cast your show? If so, please specify which show dates belong to which cast.

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 2022-2023 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

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. *Each student nominated will also be required to submit a personal essay explaining their financial need and how a scholarship would benefit their academic future in the arts. In order to be considered, we must have both the letter of recommendation and the essay submitted to applauseawards@drphillipscenter.org by May 1, 2023.*

cast list

Beside classification, please indicate if the character is lead, supporting, 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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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**.

Registration Fee - \$350.00 per cast (financing options available, please reach out for assistance, if needed)

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:

sara.york@drphillipscenter.org

Dr. Phillips Center for the Performing Arts
Attn: Sara York, Applause Awards
155 East Anderson Street
Orlando, FL 32801

407.839.0119 x1807
sara.york@drphillipscenter.org

