



*Application due February 28, 2025*

## contact information

school name

school address

school phone

Theatre Director

Show Director (if different)

contact email (*mandatory*)

contact phone

secondary contact

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name and title

contact email address (*mandatory*)

name and title

contact email address (*mandatory*)

show information

name of musical

performance location (*school theater*)

## Is your show double cast?

yes

no

Please list all dates & times of musical for each cast/production. If double cast, please specify which casts are performing which days.

information for reviewers

Please include all names that you wish to recognize for each category of the production. Please denote student names with an asterisk.

<div></div>	<div></div>
director	lighting designer
<div></div>	<div></div>
musicdirector	sound designer
<div></div>	<div></div>
choreographer	costume designer
<div></div>	<div>Must be 60% or more <b>built</b> to qualify for adjudication this year</div>
set designer	<div></div>
<div></div>	hair / makeup artist
<div></div>	<div></div>
stage manager	orchestra leader
	<div>Must be 70% or more students to qualify for adjudication</div>

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:
- |                          |                               |
|--------------------------|-------------------------------|
| <div></div>              | <div></div>                   |
| set built %:             | costumes built %:             |
| <div></div>              | <div></div>                   |
| set rented / borrowed %: | costumes rented / borrowed %: |
- New this year**, 60% or more of costumes must be built/created in order to be in contention for an Outstanding Costume Design award.

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: \_\_\_\_\_

<div></div>	<div></div>
musicians %	royalties %
<div></div>	<div></div>
designers %	other %
<div></div>	<div></div>
If listed other %, please specify _____	

7. What is your full year theatre departments’ budget for the 2024-2025 season? \$ \_\_\_\_\_

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

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ticket sales %

school board allocation %

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student fundraising %

community support %

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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. What is something you want us to know about your show this year?

14. Please identify any graduating seniors who should be considered for the Applause Awards scholarship.

*Each student nominated will be required to submit a personal essay explaining their financial need and how a scholarship would benefit their academic future in the arts, as well as, a letter of recommendation from their theater director. In order to be considered, we must have both the letter of recommendation and the student essay submitted by May 2, 2025.*

15. New this year, in an effort to personalize your Applause Awards experience, we are now giving schools the opportunity to "cancel out" two categories from their adjudication to be considered in their overall scores towards Outstanding Musical contention. A school can either choose two categories to omit prior to their show being adjudicated, or opt into an automatic removal of your two lowest scores. Categories that contribute to your overall show score are listed below.

*Please circle up to two categories you do not wish to be considered for award contention. If you do not circle any, we will automatically drop your lowest two scores. If you only circle one category, we will automatically drop the next lowest score.*

- |                   |                          |
|-------------------|--------------------------|
| • Ensemble        | • Hair and Makeup Design |
| • Direction       | • Set Design             |
| • Music Direction | • Sound Design           |
| • Choreography    | • Lighting Design        |
| • Costume Design  | • Stage Management       |

## cast list

Above classification, please indicate if the character is lead, supporting, young, or ensemble performer. **Young performers are any students younger than high school age.** 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.

[illegible]

## certification

I have read the program Handbook for the Dr. Phillips Center Applause Awards (listed at [drphillipscenter.org/applauseawards](http://drphillipscenter.org/applauseawards)) and I certify that all of the information above is correct.

## please sign

signature

date

***\*\*Please Note - if your school receives a top contending score and wins for Outstanding Musical, your cast will be expected to perform a 5 minute medley at the Applause Awards ceremony on May 31, 2025. Additional rehearsal time will most likely be needed. If you do not have the capacity or cannot provide this experience for your cast, please check the box below.***

**I wish to opt out of Outstanding Musical Contention.**

## 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** - 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)

### Registration fee varies depending on county

- Orange, Seminole, Osceola, Lake, Volusia - \$375.00\*
- Brevard, Flagler - \$600.00
- Alachua, St. Johns, Indian River - \$700.00
- Duval - \$800.00

*\*Title I Designated Schools in Orange, Seminole, Osceola, Lake, Volusia - \$150.00*

If you have any questions about the Applause Awards program, please contact Sara York, Senior Education Manager, at **407.839.0119 x1807** or email at [sara.york@drphillipscenter.org](mailto:sara.york@drphillipscenter.org)

## application checklist

complete & sign form

mail or email application packet to:

[sara.york@drphillipscenter.org](mailto: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](mailto:sara.york@drphillipscenter.org)**

