

BDC Summer Professional Semester 2017 Application

(p) 212/582-9304 x 82 ♦ (f) 212/956-9088 ♦ prosemester@bwydance.com

Contact Information

Last Name:	First Name:
Permanent Email Address:	Mobile Phone:
Date of Birth (Month/Day/Year):	Other Phone:
Street Address:	City, State, Zip:
How did you hear about the program (if 'friend' please put his/her name):	
Emergency Contact, Name:	
Street Address:	City, State, Zip:
Email Address:	Mobile Phone:

Application

On a separate sheet please submit concise typed answers to the following items:

1. Describe what you hope to accomplish during the program.
2. What are your goals after completion of this program? Do you plan to pursue a professional career in dance?
3. What value will you bring to the program and to BDC?
4. Are you currently attending school? If yes, what school and what is your major? If no, what is your current focus (working, training, teaching, traveling, etc.)?

With this printed application form please also submit the following items:

1. Dance résumé
2. Work résumé
3. Two letters of recommendation
4. Headshot or dance photo
5. Personal Statement of 50 words or less
6. Two minute YouTube URL that displays your technical ballet ability and personal style with a brief introduction of yourself at the start of the tape (Please, no VHS cassettes, YouTube preferable to DVD.)
7. Proof of US Citizenship (Copy of US Passport, Drivers License, or photo ID)
8. Completed Professional Semester Health Form signed and stamped by your physician.
9. \$50 Application Fee payable to Broadway Dance Center (check, money order, Visa, Master Card, or Amex)
[Click here to pay by Credit Card](#) -- Once completed, please forward your receipt to ProSemester@bwydance.com

Please mail all application materials to:

**Broadway Dance Center
 Professional Semester
 322 West 45th Street, 3rd Floor
 New York, NY 10036**

Program Guidelines

- Students take 12 classes per week (Monday – Sunday) from our open class schedule, enjoy an industry-related seminar each week, and a closed master class as well. Tuition also includes rehearsals for the closing showcase.
- Each student will serve as staff at our Summer PULSE event tentatively scheduled for July 20-24, working behind the scenes at this blockbuster workshop, and will also have the opportunity to take class there as well.
- The BDC Summer Professional Semester is a rigorous full-time course of study, so it is imperative that you come prepared to give the program your highest priority.

Additional Information

- While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation.
- In many cases the BDC SPS may be accepted for college credit – please contact us for a list of universities that grant credit for the program, or speak to the Dance Department representative at your school.
- This program is only available for U.S. Citizens and Resident Aliens (Green Card holders).

Tuition

- Tuition for our summer session is \$2,250, which includes all classes, seminars, Master Classes, rehearsals, performance opportunities, and advising sessions.
- If you choose to take additional classes beyond your mandatory 12 per week, you may do so at a reduced class rate.
- Once you are accepted into the program, a deposit of \$1125 (half tuition) is due as soon as possible after acceptance to secure your spot: the balance is due upon starting the program.
- There are no refunds once you have begun the program.
- Admission is rolling and so acceptance notification will be on an ongoing basis. If you are accepted, the first half of your tuition will be due within 30 days of your notification in order to secure your spot.

Dates to Remember

(subject to change)*

SPS Session Start Date	Application Deadline	End of Program	Tuition
June 5, 2017	May 26, 2017	August 6, 2017	\$2,250

*please visit http://www.broadwaydancecenter.com/training/summer_pro_sem/index.shtml for the most up-to-date tuition rates.

COMPULSORY HEALTH FORM

This health form must be signed by a physician and stamped with an official stamp.
 This form is a confidential document solely between the student and BDC.

TODAY'S DATE: _____ COURSE START DATE: _____ LENGTH OF COURSE: _____

LAST NAME: _____ FIRST NAME: _____ NICK NAME: _____

MALE FEMALE (check one) DATE OF BIRTH: _____ *Please write out-date month year (ex. 18 April 1982)*

PARENT'S NAME: _____ PARENT'S PHONE NUMBER: _____

IN CAE OF EMERGENCY NOTIFY: _____

PHONE NUMBER AND EMAIL: _____

RELATIONSHIP TO STUDENT: _____

MEDICAL HISTORY

1. Please list any medical conditions you have:
 may include asthma, allergies, diabetes, heart conditions, high or low blood pressure etc.

2. List all medications that you take. Please include birth control pills, vitamins and minerals.
 We recommend that you bring what you may need or a written prescription from your physician.

NON-PRESCRIPTION: _____

PRESCRIPTION: _____

3. List any allergies or reactions you have had to medications.

MEDICATION	REACTION	DATE
_____	_____	_____
_____	_____	_____

4. Do you smoke? YES NO

5. List any allergies or reactions you have to foods, molds, pollens, bees, insects, animals etc.

6. List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

7. Have you ever been hospitalized?
 (If yes, please specify below including dates) YES NO

PHYSICAL ILLNESS: _____

INJURY: _____

SURGERY: _____

PSYCHIATRIC: _____

8. Have you been diagnosed with mental health issues, severe stress, mood change, or personality disorder BDC should be aware of?

9. Have you been vaccinated for the following: Chicken Pox Measles Mumps

10. Please list all doctors' information below, including primary care physician, chiropractors, physical therapists, etc.

PRIMARY PHYSICIAN _____ TELEPHONE _____

OTHER HEALTHCARE PROVIDERS _____ TELEPHONE _____

11. Student Declaration

I, _____ confirm that the information provided on this form is correct and true.

Student's signature _____ Date _____

12. Doctor's Statement

I, _____ confirm that _____ is physically and mentally fit to participate in 18 hours of dance per week whilst studying at Broadway Dance Center. I confirm that the above information listed in this health form is true and correct.

Doctor's Signature (required) _____ Date _____ Doctor's Official Stamp _____

Doctor's Address _____ Telephone Number _____ Email _____