



Alliance Theatre

institute

JumpStart Theatre Application Alliance Theatre (Atlanta, GA) Year 1: 2019-2020

SCHOOL INFORMATION

School Name: _____

District: _____ County: _____

Principal Name: _____ Asst. Principal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PROGRAM LIAISON

Primary point of contact at school

Name: _____

Professional Title (example: English Teacher, grade 7): _____

Phone (cell preferred): _____ Email: _____

SCHOOL DATA (2018-2019)

Number of Students Enrolled: _____

Number of Staff: _____

- Number of Teachers: _____
- Number of Arts Teachers (Including: Dance, Media, Music, Theater, Visual Art): _____

AUDITORIUM SPACE

Does the school have an auditorium (or similar space)? Yes No

If yes, does the auditorium have:

- A theatrical lighting system? Yes No
- A sound system? Yes No
- Permanent seats? Yes No



PROPOSED JUMPSTART THEATRE TEAM

Each school is required to identify one administrator who will champion the JumpStart Theatre program at their school. Additionally, each school is required to have a minimum of three teachers willing to serve on the program team. Each teacher may fill **one** of the following roles. No experience is necessary.

Administrator Name: _____ Title: _____

Teacher 1 Name: _____ Title: _____

Teacher 2 Name: _____ Title: _____

Teacher 3 Name: _____ Title: _____

WRITTEN RESPONSE:

1. Does your school offer any after-school programming? If yes, please describe.
2. Does your school offer any arts programming? If yes, please describe.
3. How would the JumpStart Theatre program fit into your school's schedule?
4. How do you hope the JumpStart Theatre program will affect your in-school community?
5. How do you hope the JumpStart Theatre program will affect the community around your school?
6. Does your school have any history of musical theater programming?
7. Is there anything else you would like to share as part of your application?