

Summer Intensive at Sandglass Theater

Please return this form along with your statement to
Sandglass Theater, Summer Intensive, PO Box 970, Putney, VT 05346, USA

Full Name: _____

Street: _____

City: _____ State: _____ Postal code: _____

Country: _____ Phone: _____

Email: _____

Date of Birth: _____ Nationality: _____

Check here if you would like to be considered for one of two BIPOC scholarships.

EDUCATION

Undergraduate School: _____

Primary Field of Study: _____

Degree: _____ Year Received: _____

Graduate/ Professional School or Training: _____

Primary Field of Study: _____

Degree: _____ Year Received: _____

Other Related Training: _____

EMPLOYMENT

Current Employer: _____

Duration of Employment: _____

Address: _____

Your Title / Job Description: _____

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

- **One to two page statement describing yourself and reasons for wanting to participate in the Summer Training Intensive. This statement is the primary criteria on which your application will be considered.**

- **A Declaration that you will be medically insured for the period of the Summer Intensive.**

MEDICAL CONSIDERATIONS

The Summer Intensive includes many exercises that are quite physical in nature. We ask you to consider this as you are applying.

Please list any medical conditions that seem relevant (disabilities, heart conditions, and any prolonged health issues that may affect you during the course).

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

How did you hear about this course? _____

**Sandglass Theater/ Summer Intensive
PO Box 970
Putney, Vermont, 05346, USA**

(802) 387-4051
info@sandglasstheater.org

For Office Use Only

DATE RCVD:

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