

# 2019 BACK TO THE SOURCE • A.C.T. EDUCATOR INSTITUTE APPLICATION FORM

**Final Application Deadline: May 30, 2019**

**FOR OFFICE USE ONLY**

APPLICATION RECEIVED \_\_\_\_\_

DATE \_\_\_\_\_

ACTION \_\_\_\_\_

**Be sure to submit, in addition to this form:**

- 1) a full-face photograph;
- 2) a current résumé of theatrical and teaching experience;
- 3) one confidential letter of recommendation; and
- 4) an essay (no longer than one typewritten page) describing what you hope to gain from attending **Back to the Source**.

NAME				DATE
CURRENT ADDRESS	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	STREET	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
COUNTRY OF BIRTH				
CITIZEN OF (VISA STATUS IF APPLICABLE)				

How many students will you teach/reach during the 2019-20 school year? \_\_\_\_\_

**Please check one** (optional, for statistical purposes): **For non-Hispanics only:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nonresident/alien          | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Race and ethnicity unknown | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> White             |
| <input type="checkbox"/> Hispanic of any race       | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Two or more races |

**Education** (list all prior colleges and highest level completed):

COLLEGE	DATES ATTENDED	DEGREE
COLLEGE	DATES ATTENDED	DEGREE
OTHER TRAINING		
UNION AFFILIATION(S)		
PRESENT OCCUPATION		

**Will you be applying for a scholarship?**  Yes  No

Scholarships require a separate application. Please contact A.C.T.'s financial aid office at 415.439.2411 or email [jlopez@act-sf.org](mailto:jlopez@act-sf.org). **Scholarship application deadline: May 27, 2019.**

**How did you learn about A.C.T.?** (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Teacher                   | <input type="checkbox"/> Former or current student |
| <input type="checkbox"/> Website          | <input type="checkbox"/> Flyer sent to your school | <input type="checkbox"/> Other (specify)           |
| <input type="checkbox"/> Magazine article | <input type="checkbox"/> Newspaper/magazine ad     |  |

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**A.C.T.**  
**AMERICAN  
CONSERVATORY  
THEATER**

Mail to:  
Registrar, American Conservatory Theater  
30 Grant Avenue  
San Francisco, CA 94108-5834

Tel: 415.439.2350 • Fax: 415.834.3300

# 2019 BACK TO THE SOURCE • A.C.T. EDUCATOR INSTITUTE LETTER OF RECOMMENDATION

## To be completed by applicant:

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

Waiver (see statement on confidentiality below): In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this letter.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## To be completed by party recommending applicant:

The above applicant desires admission to American Conservatory Theater's Back to the Source Educator Institute. Federal law gives applicants the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held in confidence. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if he/she enrolls.

**Back to the Source application deadline: May 30, 2019**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

May we contact you with further questions?  Yes  No Phone \_\_\_\_\_

Email \_\_\_\_\_

**A.C.T.**  
**AMERICAN**  
**CONSERVATORY**  
**THEATER**

Please seal your recommendation in an envelope, sign across the seal, and return it to the applicant for enclosure with the application form, or mail directly to:

**Registrar, American Conservatory Theater**  
**30 Grant Avenue**  
**San Francisco, CA 94108-5834**

Tel: 415.439.2350 • Fax: 415.834.3300