



1661 Bay Head Road
Annapolis, MD 21409
410-757-2281

Children's Theatre of Annapolis Student Director Application

Name of Applicant: _____ Age: _____ Grade: _____

Mailing Address: _____
Street City State ZIP

Phone No.: _____ Email: _____

I am applying to student direct in the area of: Stage

References: Please provide three (3) references. References will be contacted concerning the information provided on this application. Please do not include family members.

Name: _____ Relationship: _____

Phone No.: _____ Email: _____

Name: _____ Relationship: _____

Phone No.: _____ Email: _____

Name: _____ Relationship: _____

Phone No.: _____ Email: _____

For each of the following questions, please respond in short answer with a limit of 100 words per question. Resumes will NOT be accepted.

1. Why do you want to student direct in the indicated area? _____



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2. What experience do you bring to the position of student director? _____

3. What strengths do you bring to the position of student director? _____

4. What do you consider as your greatest struggles or weaknesses? _____

5. Please describe your abilities to work in cooperation with others? _____
