



# FIRST STAGE THEATER ACADEMY STUDENT ADVISORY BOARD

Application 2019-2020

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First Name

Last Name

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Address

City

State

Zip

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Phone Number

Grade in Fall of 2019

Student Email

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Parent/Guardian Name(s)

Phone Number

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Parent/Guardian Signature

Parent Email

Describe your participation in First Stage programs.

(Academy classes, Interning, Productions, Volunteering, etc.)

**On a second page, please answer the following questions:**

- What qualities should a student bring to the Academy?
- Which of those qualities do you feel is your strength and why?
- What would you like to learn from your experience on the Student Advisory Board?
- What do you want to be when you grow up?

**Return this form to:**

[jtbackes@firststage.org](mailto:jtbackes@firststage.org)

First Stage Theater Academy Attn: SAB

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