Young Playwrights' Workshop 2011-2012 "Entrance Interview" for New Students

Name:		
Address:		
Phone:	Email:	
School:	Grade:	
Names of parents/guardians:		
Parent/Guardian E-mail:		
Parent/Guardian Phone #		
		Wednesday (holidays excluded) through onal theater productions throughout the
Do you have other after-school activ	vities or commitments? If so, pleas	se list them and their meeting times here.
Have you participated in a YPT prog	ram or theater program in the pas	st? If so, what was it? Where? When?
Have you participated in a team or on the control of the control o	group activity (sports, choir) outsic What was the best thing about it?	de of school before? If so, what was it?
Why do you want to join the Young	Playwrights' Workshop? How will	you positively contribute to the Workshop?

If chosen for the Workshop, what skills and personality traits will you bring?
What are you personally hoping to accomplish in the Workshop this year? (What are your goals for yourself?)
You will be expected to participate for the duration of the program (October – June) to be eligible for the \$200 stipend and community service hours. Do you foresee any conflicts with this time commitment?
Is there anything else you'd like us to know?

Please email your completed application to Nicole at njost@yptdc.org.
You can also fax it to (202) 387-9176, or mail it to:

Young Playwrights' Theater 2437 15th Street NW Washington, DC 20009