



Financial Aid Recommendation Form: Classes

Name of student: _____

To the student: Please give this form to a teacher or coach who knows you well, along with a stamped envelope addressed to: Traveling Players Ensemble, P.O. Box 1315, Great Falls, VA 22066.

To the teacher or coach: This student is applying for financial aid to one of Traveling Players Ensemble's acting performance classes. These classes instruct students in a variety of acting techniques, including improvisation, movement, scene study, and more, sometimes building up to a final performance. An important tenet of our programs is the building of both inter and intrapersonal skills for our students to work truthfully, strategically and seamlessly in an ensemble setting whenever they perform.

Please respond to the following questions and return this form as soon as possible, as students are accepted on a rolling basis. Thank you for your time and assistance. If you have any questions, please feel free to call (703-987-1712), email Jeanne Harrison at jeharrison@travelingplayers.org or visit the web at www.travelingplayers.org.

Name of teacher/coach: _____

How long have you known the student and in what capacity?

After reading the above brief description of the class, do you think this is an environment in which the student will be successful and happy? Why or why not?

How does the student respond to being in a group? Does the student lead, follow, or prefer to work alone? Is the student tolerant of and interested in others?

How does the student respond to discussions? Is she/he intellectually curious?

Does the student display creative impulses and/or independent thinking? If you have seen the student perform, please include your reaction to his/her performance.

Please circle one:

I recommend this student **without reservation** for this program.

I recommend this student **with reservation** for this program. (Please explain)

I do **not** recommend this student for this program.

Signature: _____

Date: _____