

GENERAL INFORMATION

School name

School address

Project contact name

Title

Phone number

Email

Principal name

Email

Number of students who would participate in program

(We recommend 30-60 students onstage. More students may be involved off-stage): \_\_\_\_\_

Grade(s) of students who would participate in the program: \_\_\_\_\_

Please list the names of your school's arts teaching staff:

(If your school does not have any full or part time arts faculty, leave blank)

\_\_\_\_\_  
Theater

\_\_\_\_\_  
Full or part time

\_\_\_\_\_  
Dance

\_\_\_\_\_  
Full or part time

\_\_\_\_\_  
Music

\_\_\_\_\_  
Full or part time

\_\_\_\_\_  
Visual art

\_\_\_\_\_  
Full or part time

Does your school have an auditorium or similar space? \_\_\_\_\_

If yes, does the auditorium have:

A theatrical lighting system     A sound system     Permanent seats

Is the auditorium shared with another school?  YES     NO

**SCHOOL TEAM INFORMATION**

Proposed School Team Members: Please commit 3-5 teachers who will be present at all rehearsals. It is recommended that at least 1 of these teachers should be an arts specialist.

Teacher 1	Content Area
Teacher 2	Content Area
Teacher 3	Content Area
Teacher 4 (optional)	Content Area
Teacher 5 (optional)	Content Area

Please describe the qualifications of each school team member who will be present at all rehearsals:

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**PROGRAMMING**

If selected, which days and times could be used for rehearsal? A reminder that rehearsals should be held in an after-school setting.

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How many hours per week will you commit to rehearsal time?  
*(We require a minimum of 3 hours per week, 1.5 of which will be with the Disney Teaching Artists)*

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Please list any days when the program CANNOT take place due to holidays, breaks, testing, etc.

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How will your school make adjustments that students, teachers and space will all be available at the same time for 90 minutes twice a week?

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What space will be used for rehearsal?

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Do you offer any after school programming in your school? : \_\_\_\_\_

If yes, please list the programming below

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Do you produce a formal piece of musical theater every year?

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## QUESTIONS

*Please provide a detailed answer to each of these questions. If you require more space, feel free use additional paper.*

How would you use Disney Musicals in Schools to develop an ongoing tradition of musical theater at your school?

Why is it important for your students to have access to the performing arts?

Disney Musicals in Schools requires time, effort and collaboration from the school faculty participating in the program, and from the school's leadership team. What steps will your School Team take to ensure the success of the program? How will the school's administration support the program?

How would you use Disney Musicals in Schools to fulfill the learning goals in your school? How would you use the program to support your current arts programs or enhance your non-arts curriculum?

Describe the culture of communication and collaboration in your school.

What is unique about your school, your students, or your community that makes Disney Musicals in Schools the right program for you?

Is there anything else you would like to tell us?

**SIGNATURE PAGE**

**My principal has reviewed and approved this application.**

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Principal

Signature

**School Team member signatures:**

Please have all School Team members review and sign the application.

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Teacher 1

Signature

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Teacher 2

Signature

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Teacher 3

Signature

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Teacher 4 (if applicable)

Signature

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Teacher 5 (if applicable)

Signature

**Email the completed application to [artseducation@njpac.org](mailto:artseducation@njpac.org).**

**Please indicate the name of the school in the subject line.**

**Fax the completed application to 973-642-0654.**

**Mail the completed application to:**

**New Jersey Performing Arts Center**

**1 Center Street**

**Newark, NJ 07102**

**Attn: In-School Residencies**

*Thank you for your interest!*