

Playwright Discovery Program  
Student Application

Please print or type

Name of Playwright \_\_\_\_\_ E-mail \_\_\_\_\_

Playwright's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School Playwright Attends \_\_\_\_\_

Address of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Language Arts of Drama Teacher's Name \_\_\_\_\_

Teacher Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Current Grade Level    \_\_\_9    \_\_\_10    \_\_\_11    \_\_\_12

Name of Parent or Guardian \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Play \_\_\_\_\_

Playwright's Bio (please attach information such as interests, awards, extra-curricular activities, etc.)

Mail to:  
VSA arts of Florida-Brevard  
300 North Dr., Suite 104  
Melbourne, FL 32934  
Deadline: 12 noon, October 27, 2006