

W H A R T O N

PARENT/TEACHER RECOMMENDATION FORM

(Complete a form for each student you are recommending)

Parent/Teacher Name: _____

Home/School Address: _____

Email: _____

Cell Phone: _____

Best time to reach: _____

I recommend: _____

Briefly tell us why you think the above student would be a good candidate for this program
(use back of form, if necessary):

W H A R T O N C E N T E R
I N S T I T U T E F O R
A R T S & C R E A T I V I T Y
S U P P O R T E D B Y M S U F E D E R A L C R E D I T U N I O N

Michigan State University
750 E. Shaw Lane, East Lansing, MI 48824

W H A R T O N

SHAKESPEARE IMMERSION PROJECT STUDENT APPLICATION FORM

Name: _____ Email: _____

Address: _____ City: _____ State ____ Zip_____

Student cell phone #: _____

School: _____ Grade: _____

Parent Name: _____ Parent Email: _____

Parent Phone: _____

Why do you want to participate in the SHAKESPEARE IMMERSION PROJECT? Be specific about your personal goals and what you hope to achieve. Use back of this form, if necessary.

If accepted, I understand my responsibility to:

- Keep up with my regular schoolwork and ensure my schedule that week will not prevent me from participating
- Learn the lines for the culminating event
- Attend all workshops, each day and on time
- Arrange for my own transportation

I understand there is no charge to me or my parent for participation, despite the market value for each participant being approximately \$400 for the week. I assure Wharton Center and the Stratford Festival that if I'm accepted, I fully intend to be available and present the entire week. I understand that last-minute cancellation or no-show will make it difficult for Wharton Center and Stratford staff, who plan on my commitment, but will also deprive other students from participating in the program.

Student Signature

**W H A R T O N C E N T E R
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