

HWDSB ArtSMART



PRESENTED BY:
**HAMILTON-WENTWORTH
DISTRICT SCHOOL BOARD**
IN PARTNERSHIP WITH
THEATRE ANCASTER



The Art Smart program is based at Sir Allan MacNab Secondary School. Students from secondary schools across the district will attend Sir Allan MacNab for their second semester. Students will be enrolled in specialized drama, voice, instrumental, dance, and musical theatre courses. Opportunities are also available for students interested in set and costume design, lighting and technical support. Classes are enriched by a partnership with the Hamilton Conservatory for the Arts, with various acting, vocal, dance and character workshops lead by professional artists working in the industry.

To be eligible for this unique program, students must:

1. be 15 years of age or older;
2. have successfully completed a minimum of 8 credits
3. submit all required application information by the due date
4. attend an audition or interview session, if requested

Please be advised of the following policies:

1. Selection of students will be based on suitability of candidates.
2. Students are not guaranteed acceptance to the program by submitting an application.
3. Remuneration will not occur in this program.
4. This will be a four (4)-credit, all day program consisting of two (2) academic credits (AMT3M/4M, ADA3M/4M, ATC2O/3O/4M or AMV2O/3O/4M) and two (2) credits through cooperative education.
5. In accordance with the Municipal Freedom of Information Act, 1989, students/parents will be asked to provide Social Insurance and Health Card information and consent to have images/photographs kept on file and used in future promotional/information materials and/or publications by the Hamilton-Wentworth District School Board and Theatre Ancaster.

www.hwdsb.on.ca/secondary/programs

curiosity • creativity • possibility

ART SMART - STUDENT APPLICATION

STUDENT INFORMATION:

Surname: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone _____ Email: _____

School Student Number: _____ Birth Date: _____

Total Credits (as of this June): _____

Health Card Number: _____ Social Insurance Number: _____

Home School: _____ Counselor's Name: _____

School Telephone Number (905) _____

I am applying for:

- Performer (drama, dance, vocal)
- Musician/piano accompanist
- Set Design and/or Lighting and Sound
- Costume Design and Stage Management

CONSENT

In accordance with section 29(2) of the Municipal Freedom of Information and Protection of Individual Privacy Act, please be advised that the personal information obtained in this form is collected under the authority of the Education Act as amended. Questions regarding the collection of this information may be directed to the Director of Education: 20 Education Court, P.O. Box 2558, Hamilton, Ontario L8N 3L1 at 905-527-5092. All information will be kept confidential.

"I have read and understand all of the above conditions and hereby agree to provide the requested information. I consent to have my image/ photograph and placement profiles kept on file, and used for presentations, promotional and/or informational brochures, posters, newsletters, newspaper articles, web pages, videos and advertisements for the HWDSB and/or Hamilton Health Sciences."

Student Signature

Parent/Guardian Signature

APPLICATION PACKAGE

Submit this Application Form plus:

- Student Information Page
- Resume
- Copy of Transcript or course summary
- Teacher Reference (references may be contacted)

**You will be contacted for an interview/audition.
Please send entire application package to:**

ArtSmart Program
Sir Allan MacNab Secondary School
145 Magnolia Drive
Hamilton, L9C5P4
Phone: 905.383.3337
Fax: 905.574.6010
Email: eborsell@hwdsb.on.ca

Please complete the following career-specific questions (use an extra sheet if necessary)

1. Why have you selected this program and how did you hear about it?

2. Briefly describe any experience you have in the performing arts.

3. What qualities (attitudes, skills, knowledge, experience) do you possess that identify you as a suitable candidate for this program?

4. How do you think you can benefit from participating in this program?

5. What challenges will this program present to you?

6. How does this program relate to your future career plans?



Art SMART

ART SMART - TEACHER REFERENCE

Name of Student: _____ School: _____

Name of teacher recommending this student: _____

Course(s) I have taught this student: _____

The students accepted into this program will be representing your school, the HWDSB, and themselves in a setting outside of a regular school. Students accepted into the program must have exhibited the maturity and work habits that will enable them to be successful in this program.

Please check off and/or comment on the following items:

N = Needs Improvement **S** = Satisfactory **G** = Good **E** = Excellent

	N	S	G	E	COMMENTS (or more detailed information)
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Teacher Signature: _____ **Date:** _____

