

**Sandglass Institute at UConn Puppet Arts  
Summer Theater Institute Application Form**

*Please return this form, the \$30 non-refundable application fee and the supplemental statement  
by April 15, 2007  
to Sandglass Theater, Sandglass Institute 2007, PO Box 970, Putney, VT 05346, USA*

Full Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Place of Birth (city, state, and country): \_\_\_\_\_

Are you interested in receiving college credit for participating in the institute?  Yes  No

Have you taken courses at the University of Connecticut before?  Yes  No If yes, when? \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Received: \_\_\_\_\_

Primary Field of Study: \_\_\_\_\_

Graduate/Professional School or Training: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Received: \_\_\_\_\_

Primary Field of Study: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Duration of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title / Job Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please enclose with your application:**

- **A one to two page statement describing yourself and your reasons for wanting to participate in the Sandglass Institute 2006. This statement is the primary criteria on which your application will be considered. Institute staff reads these statements carefully and with strong interest.**
- **A Declaration that you will be medically insured for the period of the Master Class.**

Medical Considerations: \_\_\_\_\_

Optional: (used for statistical/affirmative action purposes only)

Ethnicity: \_\_\_\_\_

Sex:  Male  Female

U.S. Citizen?  Yes  No Country of Citizenship, if not U.S.: \_\_\_\_\_

How did you hear about the Institute? \_\_\_\_\_

The non-refundable application fee is \$30. Please make all checks payable to Sandglass Theater and mail to  
Sandglass Theater, Sandglass Institute 2006, PO Box 970, Putney, VT 05346, USA

For office use only:

Date Recvd:

Sent to Program:

Registered:

Fee to Student Accts:

Amount \$: