

# FREQUENT FLYERS® AERIAL DANCE

## Aerial Dance Professional Training Program Application for 2017-2018

**2 Professional Study Tracks available, please circle which program you are applying for:**

- Aerial Dance Professional Track
- Aerial Dance concentration through the MFA program at the University of Colorado, Boulder, Dance Department

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Highest Degree earned (what, name of institution, year): \_\_\_\_\_

\_\_\_\_\_

Previous movement experience (dance, yoga, sports, etc and years participated): \_\_\_\_\_

\_\_\_\_\_

Previous aerial experience (apparatus and years studied): \_\_\_\_\_

\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Do you suffer from any medical conditions, including mental health issues?    Yes                      No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Do you take any medications?                                      Yes                      No

If yes, please list the medications, including the dosage, and if you carry that medication with you: \_\_\_\_\_

\_\_\_\_\_

Do you have any current physical injuries?                                      Yes                      No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please list all of your past physical injuries, including the dates they occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies (wheat, nuts, etc)?                                      Yes                      No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

How did find out about our Aerial Dance Professional Training Program? \_\_\_\_\_

\_\_\_\_\_

If you are accepted, how do you plan to pay for the program? \_\_\_\_\_

\_\_\_\_\_

If you are accepted, where do you plan to stay for the duration of the program? \_\_\_\_\_

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Reference 1 Contact Name: \_\_\_\_\_

Reference 1 Contact Phone Number: \_\_\_\_\_

Reference 2 Contact Name: \_\_\_\_\_

Reference 2 Contact Phone Number: \_\_\_\_\_

Please answer the following questions on a separate piece of paper (no more than 4 pages, double spaced).

1. What draws you to the Frequent Flyers® Professional Aerial Dance training program?
2. What is your vision for working in the field of aerial dance?
3. What do you think you would contribute to the program?
4. What do you foresee as your 3 biggest challenges in the program?
5. List 3 goals for yourself in the program.

Along with this application, please include the following:

- A copy of your current resume
- 2 letters of recommendation from someone other than a close friend or family member  
It is recommended that you choose people that have worked with you for at least 2 years in different capacities to each write a letter. Please ask them to include the following:
  - How long they have known you & in what capacity
  - Comments on your ability to be self-motivated & work independently in a rigorous training environment.
  - Comments on your ability to set goals and work towards them.
  - Comments on your respect for others, maturity, self-motivation & sense of humor.
- 2 links to videos of you performing: one aerial and one with you dancing on the ground  
\*Please include related information about the choreographer, other performers, music, venue, and a description of which performer you are.

**Send application and required materials:**

Frequent Flyers® Productions, Inc.  
3022 E. Sterling Circle, Suite 150  
Boulder, CO 80301  
Or email to [april@frequentflyers.org](mailto:april@frequentflyers.org)

**Questions:**

Contact April Skelton, Education Director  
[april@frequentflyers.org](mailto:april@frequentflyers.org)  
[www.frequentflyers.org](http://www.frequentflyers.org)  
303-245-8272