



Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female

**Family History**

**Parent/Guardian 1** \_\_\_\_\_  
Relationship to Applicant

Full Legal Name: Mr. Ms. Other \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Mailing Address City, State/Province Postal/Zip Code Country

Home Phone Cell Phone Email Address Occupation

Employer Name Employer Address Employer City, ST, Zip Employer Phone

**Parent/Guardian 2** \_\_\_\_\_  
Relationship to Applicant

Full, Legal Name: Mr. Ms. Other \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Mailing Address City, State/Province Postal/Zip Code Country

Home Phone Cell Phone Email Address Occupation

Employer Name Employer Address Employer City, ST, Zip Employer Phone

Applicant primarily resides with (check all that apply): Parent/Guardian 1 Parent/Guardian 2 Other (Specify) \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

How did you hear about Next Step Prep? (check all that apply): MCT PAC Mail Internet Newspaper  
MCT Tour Team (Name of Tour Actor/Directors) \_\_\_\_\_ Other \_\_\_\_\_

**Next Step Prep primarily corresponds by e-mail. Check here if you would prefer US Mail.**

**Required Signatures:**  
I certify that all of the above information is true and correct to the best of my knowledge.

Signature of Applicant Date Signature of Parent/Guardian Date

**Office Use Only**



Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female

## Parent Questionnaire

Next Step Prep will offer students the best educational experience possible. The parent/guardian plays a major role in gathering insight into the applicant's strengths and background. We ask that you provide the following information to the faculty and staff at Next Step Prep to ensure the success of your student. All information will remain confidential and will assist us in maximizing his/her learning opportunities.

1. Please describe the benefits you believe Next Step Prep can offer your child.

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2. Please describe your child's greatest social, academic, and artistic strengths.

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3. Please describe any physical or health conditions the applicant has of which the school should be aware.

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4. Please describe any dietary restrictions the applicant has due to religious observation, medical restrictions, allergies or dietary preferences (i.e. vegetarian). Please include additional allergies outside of diet (i.e. bee stings, etc.)

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5. Please describe any medications the applicant is currently taking.

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6. Please describe any emotional or behavioral conditions the applicant has of which the school should be aware.

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7. Please describe how the applicant reacts to stress related to schoolwork, peer relationships and/or new situations.

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Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female

**Recommendation of School Principal, Guidance Counselor or Academic Teacher**

**Applicant and Parent/Guardian:**

I authorize the release of information pertinent to the questions below requested by Next Step Prep Admissions. I acknowledge that I am waiving my right to read this confidential recommendation.

Signature of Applicant Date Signature of Parent/Guardian Date

**Principal, Counselor or Academic Teacher:**

The student named above is applying for admission to Next Step Prep, The Academy for Musical Theatre, a program developed and operated by the Missoula Children's Theatre. Admission to Next Step Prep is open to all students regardless of race, color, sex, religion, national origin or socioeconomic status. We ask for your honest confidential evaluation of the applicant to assist us in gaining clearer insight into the applicant's strengths and weaknesses. Please mail this recommendation to the address noted on the next page.

Full Name: Mr. Ms. Other \_\_\_\_\_  
Last Name First Name Middle Initial Title

Mailing Address City, State/Province Postal/Zip Code Country

Phone Number Email Address

How long have you known the applicant? \_\_\_\_\_

Briefly describe in what capacity you know the applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the student's academic strengths and weaknesses? Please describe this student's learning style(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please discuss the maturity level of the applicant in comparison to his/her peers. Please include any behavioral issues that you feel we should be made aware of.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant in the following areas in relation to his/her peers:

	Excellent (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female  
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Please comment on the student's character, sense of community and personal integrity.

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Please provide any further pertinent information about the applicant.

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I would recommend this applicant for admission to Next Step Prep  Strongly, without reservation  Mildly  With reservation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return to:**

MCT, Inc. - Next Step Prep Admissions  
200 North Adams St.  
Missoula, MT 59802-4718  
Attn: Michelle Nigh-Mogstad

For further information about Next Step Prep, please contact Michelle Nigh-Mogstad or Managing Director Greg Boris at (406) 728-1911 or visit our website at [nextstepprep.org](http://nextstepprep.org).

Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female

## Recommendation of Artistic Mentor or Instructor

**Applicant and Parent/Guardian:**

I authorize the release of information pertinent to the questions below requested by Next Step Prep Admissions. I acknowledge that I am waiving my right to read this confidential recommendation.

\_\_\_\_\_  
Signature of Applicant Date Signature of Parent/Guardian Date

**Artistic Mentor or Instructor:**

The student mentioned above is applying for admission to Next Step Prep, The Academy for Musical Theatre, a program developed and operated by the Missoula Children's Theatre. Admission to Next Step Prep is open to all students regardless of race, color, sex, religion, national origin or socioeconomic status but is selected with artistic and academic talent and achievement taken into consideration. We ask for your honest confidential evaluation of the applicant to assist us in gaining clearer insight into the applicant's acting, singing and dancing abilities. Your evaluation will not become part of the applicant's permanent record. Please mail this recommendation to the address noted on the next page.

Full Name: Mr. Ms. Other \_\_\_\_\_  
Last Name First Name Middle Initial Title

\_\_\_\_\_  
Mailing Address City, State/Province Postal/Zip Code Country

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

How long have you known the applicant? \_\_\_\_\_

Briefly describe in what capacity you know the applicant.

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

Please answer the following three questions based on your knowledge of the applicant.

What are the student's strengths and weaknesses with regard to acting? Please describe this student's learning style(s).

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

What are the student's strengths and weaknesses with regard to singing? Please describe this student's learning style(s).

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

What are the student's strengths and weaknesses with regard to dancing? Please describe this student's learning style(s).

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

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Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name
First Name
Middle Name
Male/Female

Please discuss the maturity level of the applicant in comparison to his/her peers. Please include any behavioral issues of which you feel we should be made aware.

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Please rate the applicant in the following areas in relation to the student body with which you work:

	Excellent (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Artistic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's character, sense of community and personal integrity.

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Please provide any further pertinent information about the applicant.

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I would recommend this applicant for admission to Next Step Prep  Strongly, without reservation  Mildly  With reservation

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Applicant's Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Male/Female

## Applicant Short Essay

Applicants, please attach a typed response to the following essay topics. Responses should be 200-400 words per topic.

1. What inspired you to apply to Next Step Prep?
2. What are your biggest performance strengths? What are your areas of performance that need the most improvement?

## Application Fee

**Application Fee:** A \$50.00 non-refundable application fee is required of all applicants. The application fee will not be applied toward the tuition balance. Please make check payable to MCT, Inc. To pay by credit card, please call MCT at (406)728-1911.

## Application Checklist

- Biographical Information (p. 1)
- Family History (p. 2)
- Performance Experience (p. 3)
- Parent Questionnaire, signed by parent/guardian (p. 4-5)
- Recommendation of School Principal, Guidance Counselor or Academic Teacher, signed by applicant and parent/guardian (p. 6-7)
- Recommendation of Artistic Mentor or Instructor, signed by applicant and parent/guardian (p. 8-9)
- Applicant Short Essays
- \$50 Application Fee

## Tuition Information

The total cost of tuition and fees for the 6 week summer program is \$3,600. The cost of room and board is an additional \$1,350. A student may apply for financial aid after being accepted by Next Step Prep.

At the time this application was published, every effort was made to assure its accuracy. In order to be responsive to changing needs of students and faculty as well as external cost considerations, however, Next Step Prep reserves the right to make changes in faculty, course offerings, schedules, tuition, and admissions policies.

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