



The Academy of Arts Christian Conservatory
80 School Street, Taylors, SC 29687 (864) 268-9342

**APPLICATION FOR THE ACADEMY OF ARTS
CHRISTIAN CONSERVATORY**

Please print clearly! A non-refundable application fee of \$25.00 must accompany application.

PERSONAL INFORMATION: (*send a personal photo with application)

Social Security Number

Date of Birth

Last Name

First Name

MI

Age

Address

Email

City

State

Zip

Driver's License: State _____ # _____

Expiration Date _____

Phone: Home (_____) _____ Cell (_____) _____

Mother's Name _____ Cell (_____) _____

Work(_____) _____

Mother's Email _____

Father's Name _____ Cell (_____) _____

Work(_____) _____

Father's Email _____

Parent's Marital Status: Married () Divorced () I live with _____

Deceased ()

Nicky Chavers, Founder and President
Noah Stratton, Executive Director

www.theAcademyofArts.org



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How did you hear about The Academy of Arts?

MEDICAL INFORMATION:

Emergency contact _____ Relationship to student _____

Emergency contact phone number (_____) _____

Allergies? _____

Medications? _____

What is the medication needed for? _____

Special limitations: _____

General Health Condition (*Circle one*): good fair excellent

_____ I have *never* used drugs, cigarettes, or alcohol.

_____ I have used drugs, cigarettes, or alcohol.

Explain if drugs, cigarettes, or alcohol have been used: _____

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ACADEMIC INFORMATION:

Applying for:

- Associate's Degree in Sacred Dramatic Production
 Associate's Degree in Film
 Bachelor's Degree in Sacred Dramatic Production
 Bachelor's Degree in Film
 Master's Degree in Sacred Dramatic Production

High School you last attended _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____

Principal _____

Years of Education 9th 10th 11th 12th Graduation date _____ GPA _____

Other Educational Institutions you have attended _____

College 1 2 3 4 Other _____

SAT _____ ACT _____ or PSAT _____

Honors or Awards _____

Have you ever been expelled from a school? Yes No

If yes, please explain: _____

Have you ever used alcoholic beverages? Yes No

If yes, please explain: _____

Have you ever used illegal drugs or smoked cigarettes? Yes No

If yes, please explain: _____

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Explain what part, if any, “tongues” plays in the worship of the Lord in this day and age.

Do you practice speaking in tongues in your church or personal worship? Yes No

I understand that the course of study provided by the **Academy of Arts Christian Conservatory** is a very practical approach to education. I am excited about the opportunity I will have to travel with a seminar team and to be personally mentored by the Academy of Arts staff. I plan to give my best effort in service and educational opportunities afforded me during my tenure with The Academy of Arts Ministries and will abide by its rules and regulations with a submissive spirit.

Name _____ Date _____

I am responsible for the financial payments to the Academy of Arts for the above applicant. I understand that all checks are to be made payable to the Academy of Arts and paid in a timely manner as agreed upon and that if payments are not received in a timely manner the student will be subject to dismissal from the conservatory.

Name _____ Date _____

Signature _____ Relationship to Applicant _____

Phone _____ Email _____

*Please send in all transcripts (high school and college) with your application or request to have them sent directly to The Academy of Arts, 80 School St., Taylors, SC 29687. Applications cannot be processed without transcripts.

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