

## **GATEWAY PROJECT**

Name:

Age:

High School:

Address:

Phone number:

Email address:

### **EXPERIENCE:**

**STYLES OF DANCE THAT YOU CURRENTLY TRAIN. What and for how long?**

**STYLES OF DANCE THAT YOU HAVE TRAINING IN THAT YOU DO NOT CURRENTLY PRACTICE. What and for how long?**

**OTHER MOVEMENT TRAINING IE: MARTIAL ARTS, SPORTS ETC.  
What and for how long?**

**Other experience such as video editing, fashion design, sound and music creation etc.**

### **GOALS:**

**WHAT ARE YOUR OVERALL LIFE GOALS?**

**WHAT ARE YOUR DANCE GOALS? WHAT DO YOU HOPE TO GET OUT OF THIS PROGRAM?**

**PERSONAL IMMEDIATE GOALS?**

**OTHER?**

**HOW DO YOU PLAN TO MEET YOUR GOALS?**

**Please be as detailed as possible.**

**PLEASE IDENTIFY ANY CHALLENGES THAT YOU MAY FACE IF YOU ARE ACCEPTED INTO THIS PROGRAM:**

**HOW DO YOU PLAN TO ADDRESS THESE CHALLENGES?**

**HOW DO YOU HANDLE UNFORSEEN CHALLENGES?**

**THE GATEWAY PROJECT IS FOCUSED ON HIP HOP AND STREET DANCE. WE ARE COMMITTED TO TRAINING YOU AT A VERY HIGH LEVEL IN BOTH TECHNIQUE AND PERFORMANCE  
IN LIGHT OF THAT, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**What dances and dancers of Hip Hop and/or Streetdance inspire you?  
Why?**

**What do you know about the History of Hip Hop?**

**What are you prepared to do in terms of commitment to contribute to The Gateway Project?**

**To your own development as a dancer and a performing artist?**

**MORE ABOUT ME**

**Please share more about yourself so we may get to know you better!**