**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email (applicant):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (applicant):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your pronouns (when we're communicating with you one-on-one):**

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

**Your pronouns (when we're in class with other students):**

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**Are you currently in school? If so, which school, and what grade/level?**

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**What level of LEAP are you applying for? (check all that apply)**

Level 1 Level 2 Level 3

**How did you find out about LEAP?**

\*The following three questions are aimed for applicants who are MINORS (under 18 years old)\*:

**Parent/guardian name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your pronouns (when we're communicating with your guardians):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell us why you’d like to be a part of LEAP. What is it that excites you about this program? Why do you love to write? We’d love to get to know you a bit, so please include any detail about yourself that you’re comfortable sharing (500 words max.)**

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**If you feel comfortable, could you tell us about your access needs and whether you identify with disability (this could include identifying as disabled, Deaf, autistic, neurodivergent, mad, or having a chronic illness, long-term condition, or mental illness)?**

*We ask this to learn more about how we can support your participation in the program. The Arts Club has an Accessibility Coordinator, Amy Amantea (who lives with disability), who you can be connected to upon your request. You can find our usual accessibility practices listed on the LEAP webpage.*

*We regret that we cannot offer ASL interpretation for this program. Folks that have hearing assist devices/apps are most welcome to bring those.*

**All applicants must submit a writing sample. Here’s what we’re looking for:**

* For **Level 1**: up to two pages of writing in any style. It could be a monologue, a poem, a rant, an essay, any writing that you feel represents you and that you feel good about.
* For **Level 2**: up to 5 pages of an excerpt from a play that you have written.
* For **Level 3**: up to 10 pages of an excerpt of a play that you have written. \*

Please submit your writing alongside this application form. Please label your sample with its title, your first and last name, and the level you’re applying for. Please make sure your file is in PDF or Word format. eg: TheDarkness\_KimSmith\_Level1.pdf.

This application form and your writing sample should be sent to **leap@artsclub.com**no later than Oct 14, 2024 at 11:59pm.

*\*Given the expected time commitment for LEAP, Level 3 applicants should not be attending school full-time. You may be invited to attend an interview, send us references, and send us a full draft of the play you excerpted for your writing sample.*

We encourage written applications because LEAP is a writing-based program. However, if this format is inaccessible for you, you can use another format (such as an audio or video application). Contact us at leap@artsclub.com or 604.687.5315, ext. 244, with any questions or access requests. Video calls can be arranged.

If you have any questions about the application or have any barriers completing the application, please reach out to Kevan Ellis, Director of Education at kellis@artsclub.com

THANK YOU!