

Student Name: _____

Student #: _____

EARL MARRIOTT SECONDARY SCHOOL

PAPA PROGRAM

APPLICATION

Before you hand in your application – **please refer to the entrance standards set for your discipline.** All applications must be accompanied by the letter of recommendation.

Application Deadline
May 30th

PROGRAM FOR ATHLETES AND
PERFORMING ARTISTS

Thank you for your interest in the PAPA Program at Earl Marriott. The **PAPA handbook** includes information that you and your family will need to know. The handbook should be studied to see if interested applicants may qualify. **The program has a limited enrolment.**

We are now accepting applications for next school year. The deadline for applications will be **May 30th**. If you wish to be considered for admission to the program please submit the following information:

1. A completed application form.
2. A letter of recommendation from your coach/ instructor/ agent, or sports governing body. The letter of recommendation, copy enclosed, should include a detailed outline of your involvement in your specialty area as per the PAPA mission statement. It must contain an accurate statement regarding level/ranking and a schedule listing the hours each day of the week spent on training or instruction.
3. A resume outlining, where possible, your specialty activities for the upcoming year.

New students to Earl Marriott will also require:

4. A copy of your most recent report card.

Once all the documentation has been received, the program coordinator will contact new applicants to arrange a personal interview. Interviews will start the week of **May 30th**. After the interviews have been completed, successful candidates will be notified. An appointment will be set up for all PAPA students to confirm course selections and to discuss any timetable modifications.

An applicant will not be considered registered unless all documentation has been submitted.

If you have any questions please contact the PAPA Coordinator at 604-531-8354

Applications may be dropped off at the school or mailed to:

Earl Marriott Secondary School
Attention: PAPA Coordinator, PAPA Program
15751 16th Avenue,
Surrey, B.C.
V4A 1S1

Earl Marriott Secondary School – PAPA Application Form

Students are to complete sections A and B, as well as the appropriate specialty page.

A. Name: _____
Last First

Home Address: _____
Postal Code: _____

Parent's Names _____
Mother Father

Home Phone # _____ Parent's Work # _____

Do you live with someone other than your parents (billets)? Yes No

If yes, billets name _____
Address of billet family _____
Postal Code: _____

Phone # _____

New Student Yes _____ No _____ EMS Student # _____

If new, previous school _____ *Please note: if you are a new student to EMS, a copy of your most recent card will be required.

Grade Point Average _____ (A=4, B=3, C+=2.5, C=2, P=1)

Grade Level as of Sept. _____ French Immersion: Yes No

After reviewing the information on Level 1, 2, and 3 Performers in the PAPA Handbook, please indicate which level best describes you:

Level 1: Level 2: Level 3:

Please indicate in which area you train:

Athletics Dance Music Other (explain below)

Specify your specialty (discipline/activity): _____

Should you qualify for the PAPA program with tutorial block privileges, what electives would you drop: _____ / _____

In which semester would you need your tutorial block: Semester 1 Semester 2

B. General

1. What are your specialty goals for this year?

2. What are you long-term goals regarding your specialty?

3. What are your educational goals? _____

4. What makes you a good candidate for the PAPA Program?

5. Why do you think the PAPA Program would be an asset to you?

Additional Comments from Parent: _____

I have read the guidelines and conditions for the PAPA Program from the **PAPA Handbook**. I understand that if I am accepted in to the program, I must abide by the conditions listed herein. I understand that in order to be given fair consideration for the program, specific information given (by applicant and coach/instructor) must be accurate. Should I not abide by the conditions listed, I am aware that I risk being withdrawn for the program.

Also, I understand that should I not have a tutorial block in one or either semester, I am to be in regular contact with the PAPA Coordinator in order to update changes/ additions to specialty schedules.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____

Specialty – ATHLETICS

In which sport do you compete? _____

Name of team/ organization? _____

Name of Coach/ Instructor: _____ Phone # _____

Name of parent or provincial association: _____

Do you compete in a league? Yes No

If yes, where? _____

Where do you train? _____

What is the highest level at which you competed during the past year?

Provincial National International

Name of event: _____

Location: _____

Placing: _____

Do you train in the summer? Yes No

Which is your heaviest season for training? Fall Winter
Spring Summer

Which is your heaviest season for competition? Fall Winter
Spring Summer

Your heavy training/practice, competitive period includes the months of:

_____ to _____

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are under the supervision of a coach/ instructor.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Your off season period includes the months of _____ to _____.

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are not necessarily under the supervision of a coach/ instructor.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Specialty – DANCE

In which area of dance do you specialize? Ballet Jazz Modern Tap

Other Specify: _____

At what level do you dance? (To be confirmed in instructor's recommendation)

Intermediate Advanced Semi-Professional

Name of Dance School _____

Name of Instructor (contact person) _____

Do you belong to a Senior Dance Company? Yes No

If yes, name the company _____

Did you tour last year with the company? If yes, explain _____

At which level(s) did you compete during the last year? (you may check more than one)

Local Provincial National International

Indicate the highest level of competition:

- Name the event/ location _____
- Placement (results) _____

Do you train in the summer? If yes, where? _____

Which is your heaviest season for training? Fall Winter
Spring Summer

Which is your heaviest season for competition? Fall Winter
Spring Summer

Your heavy **training/practice, performance** period includes the months of:

_____ to _____

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are under the supervision of an instructor.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Your **off season** period includes the months of _____ to _____.

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are not necessarily with your dance studio instructor.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Specialty – MUSIC / PERFORMING ARTS (Actor, Model, Singer)

In which area do you specialize? _____

Do you play an instrument? If yes, which one? _____

Do you play more than one instrument? If yes, what other instrument (s)? _____

Do you study in more than one discipline? Yes No

What grade (Royal Conservatory / Western Board of Music) are you in? _____

Name of music/acting/modeling school _____

Name of Instructor/ Agent: _____ Phone # _____

Are you currently taking history? Yes No If yes, grade _____

Are you currently taking harmony? Yes No If yes, grade _____

At which level(s) did you compete during the past year? (you may check more than one)

Regional Provincial National International

Indicate the highest level of competition:

➤ Name of event/location: _____

➤ Placement (standing): _____

Do you train/ compete/ audition/ shoot in the summer? Yes No

If yes, where? _____

Which is your heaviest season for **practice/ training/ auditioning/ shooting**?

Fall Winter Spring Summer

Which is your heaviest season for **competition/performing**?

Fall Winter Spring Summer

Your heavy **training/practice, performance** period includes the months of:

_____ to _____

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are under the supervision of an instructor/teacher/agent.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Your **light period** includes the months of _____ to _____.

In the spaces below, please indicate the number of hours that you train/ practice on those particular days. **These hours are not necessarily with your dance studio instructor.**

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
