

APPLICATION PROCESS

Please read the following application instructions thoroughly and submit all application materials with care. Applications are considered based on dance training, marketability, and professionalism. For the ISVP Professional Semester students must submit all required M-1 Visa application materials as well as the program application elements.

1. Fill out application form, including personal statement and short-essay questions
2. Dance résumé
3. Work résumé or complete curriculum vitae
4. Two letters of recommendation
5. Headshot
6. Two minute YouTube URL (please email link to ISVPPro@bwydance.com). While BDC is proud to honor various disciplines, ballet is a required component of the course – please demonstrate your technical training or aptitude by displaying one minute of straightforward center ballet-based work (tombé, pas de bourré, glissade, assemble, tendu fourth, pirouette, land fourth; and a grand jeté or saut de chat for example). The second minute should display your best personal style. Please open your video by introducing yourself and expressing in one or two sentences what you hope to accomplish while studying at BDC.
7. As per US Government requirements for the non-working M-1 visa, please include a current personal bank statement to show sufficient funds to cover tuition and living expenses while studying at Broadway Dance Center or a letter of financial support and a copy of the supporter's bank statement:
 - \$8,000 for 4 months

****This is NOT the tuition — you do not have to PAY this amount, you must only SHOW it in a bank statement.****

8. A copy of your valid passport
9. Completed ISVP Health form signed and stamped by your physician.
10. Please include a \$250 (non-refundable) application fee (payable by wire transfer, credit card, money order, or travelers check in US dollars).
11. Please scan and email to ISVPPro@bwydance.com or mail checks and forms to:
Broadway Dance Center
Attn: ISVP Professional Semester
322 West 45th Street, 3rd Floor
New York, NY 10036 USA

Incomplete applications will not be accepted. Broadway Dance Center will notify you via email upon acceptance — you must have a valid email address. Once you have been accepted into the program, half tuition must be paid before Broadway Dance Center will issue the I-20 Certificate of Eligibility that is required to procure the M-1 visa.

METHODS OF PAYMENT

- **The easiest form of payment is a wire transfer directly into the Broadway Dance Center bank account.** The student is responsible for all bank fees incurred. Please fax or email the wire transfer

receipt to BDC at 212/956-9088 or ISVPro@bwydance.com. **NOTE:** When sending payment through wire transfer, make sure the **Name of Student** and subject of wire transfer is on the receipt. Email ISVPro@bwydance.com for wire details.

- We also accept credit cards (Master Card, American Express, or Visa), money orders or travelers checks made out in US dollars for tuition payments.

PAYMENT INFORMATION - \$250 APPLICATION FEE (non-refundable)

*If paying by credit card, please fill in the information below:

Credit Card Type	Credit Card Number		
Name on Card	Expiration Month:	Year:	CVV:

INSURANCE

Traveler’s Medical Insurance is **MANDATORY**.

UPON ARRIVAL to participate in the program, you must provide proof of your own traveler’s medical insurance. BDC does not provide medical insurance but we can assist by directing you to CareMed International Travel Insurance. For further information, please visit www.caremed-travel.com — please indicate to them that you will be studying with us. BDC is not responsible for injuries or illness, and so it is imperative that all ISVP students carry medical insurance before they begin and during their course of study with Broadway Dance Center.

REFUNDS

- A student whose application is refused by immigration will receive a refund for all tuition paid except application fees and some processing fees. A student requesting a refund must submit their original I-20 and a copy of the letter from the U.S. Embassy or other proof stating reason of denial.
- No refunds will be given for any absences not made up **during period of study**.
- A student wishing to withdraw or transfer must notify Broadway Dance Center in writing. No refunds will be given for early withdrawal or transfer.



PROFESSIONAL SEMESTER



LAST NAME:		FIRST NAME:		NICK NAME:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check one)		DATE OF BIRTH: <small>Please write out date month year (ex. 18 April 1982)</small>		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE (check one)	
COUNTRY OF BIRTH:			COUNTRY OF CITIZENSHIP:		
NATIVE LANGUAGE:			OTHER LANGUAGES SPOKEN:		
PRESENT ADDRESS					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
ADDRESS IN HOME COUNTRY (Leave Blank if Same as Above)					
Street:			City:		
State:		Country:		Postal Code:	
EMERGENCY CONTACT (MANDATORY INFORMATION), NAME:					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
HOW DID YOU HEAR ABOUT BROADWAY DANCE CENTER?					
<input type="checkbox"/> Internet/Website <input type="checkbox"/> Mail <input type="checkbox"/> Brochure <input type="checkbox"/> Magazine <input type="checkbox"/> Friend (Please write Friend's Name):					
<input type="checkbox"/> Other (Please specify):					
Please list the name of the schools (Dance School or University) you are currently attending:					

WHICH COURSE ARE YOU APPLYING FOR: (CHECK ONE BOX)

✓	Course	Start Date	End Date	Break	App Deadline	Tuition
	Fall 2017	Aug 21, 2017	Dec 10, 2017	Oct 23-27	7 Jul 2017	\$3,850
	Spring 2018	Jan 15, 2018	May 6, 2018	Mar 12-16	1 Dec 2017	\$3,850

PERSONAL STATEMENT (50 words or less)

SHORT ANSWER QUESTIONS

Please submit detailed answers to the following questions:



PROFESSIONAL SEMESTER

What are your goals after completion of this program?

What value will you bring to the program?

Are you currently attending school? If yes, what school and what is your major?
If no, what is your current focus (working, training, teaching, traveling, etc.)?

PROGRAM GUIDELINES

- Pro Semester students take 12 classes per week (Monday – Sunday) from our open class schedule, with voice class, seminars, and rehearsals additionally. There are mandatory events most weekday mornings from 8:30am.
- Students are not permitted to attend auditions during their first eight weeks of training, after which permission is required by the program director.
- The BDC Professional Semester is a serious full-time course of study, so it is imperative that you come prepared to give your program the highest priority.
- While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation – please email ISVPPro@bwydance.com for information.

RELEASE AND WAIVER



PROFESSIONAL SEMESTER



I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Broadway Dance Center. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Broadway Dance Center.

In view of the foregoing, and as a term and condition of receiving dance instruction at Broadway Dance Center, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Broadway Dance Center, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, stairwells, elevators, buildings and grounds.

*I hereby represent that I am over eighteen (18) years of age and that I will abide by all the terms and conditions of Broadway Dance Center’s International Student Visa Program, including the above release and waiver.

X _____
Signature

Full Name Printed

Date

COMPULSORY HEALTH FORM

**This health form must be signed by a physician and stamped with an official stamp.
This form is a confidential document solely between the student and BDC.**

TODAY'S DATE: _____ COURSE START DATE: _____ LENGTH OF COURSE: _____

LAST NAME: _____ FIRST NAME: _____ NICK NAME: _____

MALE FEMALE (check one) DATE OF BIRTH: _____ Please write out-date month year (ex. 18 April 1982)

PARENT'S NAME: _____ PARENT'S PHONE NUMBER: _____

IN CAE OF EMERGENCY NOTIFY: _____

PHONE NUMBER AND EMAIL: _____

RELATIONSHIP TO STUDENT: _____

MEDICAL HISTORY

**1. Please list any medical conditions you have:
may include asthma, allergies, diabetes, heart conditions, high or low blood pressure etc.**

**2. List all medications that you take. Please include birth control pills, vitamins and minerals.
We recommend that you bring what you may need or a written prescription from your physician.**

NON-PRESCRIPTION: _____

PRESCRIPTION: _____

3. List any allergies or reactions you have had to medications.

MEDICATION	REACTION	DATE
_____	_____	_____
_____	_____	_____

4. Do you smoke? YES NO

5. List any allergies or reactions you have to foods, molds, pollens, bees, insects, animals etc.
