



SHEA'S ARTS ENGAGEMENT AND EDUCATION DEPARTMENT  
PRESENTS

## **Always Looking In**

Shea's *Always Looking In* education program is designed for dedicated students in grades 9-12 who are interested in learning various techniques used by professional actors to "look in" and create a fully realized character. We will use the musical *Dear Evan Hansen* as our source material and explore the themes of social media, mental health, friendship, and fitting in. Participants will receive a free dinner and complimentary ticket to the May 15, 7:30 PM performance of *Dear Evan Hansen* at Shea's. All workshops will take place at Shea's Performing Arts Center, 646 Main Street, Buffalo, NY 14202.

**You must be able to attend ALL of the following workshop dates to participate in the program.**

All workshops run from 4:00-6:00 PM and take place at Shea's Performing Arts Center.

Monday, April 8

Thursday, May 2

Monday, April 15

Monday, May 6

Wednesday, April 17

Monday, May 13 (student showcase for family & friends)

Monday, April 29

Wednesday, May 15, 7:30 PM: attend performance of *Dear Evan Hansen* at Shea's

**APPLICATIONS AND AGREEMENT FORMS MUST BE RECEIVED BY  
TUESDAY, APRIL 2 at 5:00 PM.**

Contact Jennifer Fitzery at 716-829-1152 or [jfitzery@sheas.org](mailto:jfitzery@sheas.org) for more information.

**Please make a copy of this sheet for your reference.**

All dates, times, and content are subject to change.



# Always Looking In Application

Applications and Agreement forms are due by Tuesday, April 2 at 5:00 PM.

(Please print neatly or type.)

**Student Name:** \_\_\_\_\_

**Parent or Guardian's First & Last Name:** \_\_\_\_\_

**Parent or Guardian e-mail address:** \_\_\_\_\_

**Home Address:** (Number and Street Name) \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Student Cell #:** \_\_\_\_\_ **Parent Cell #:** \_\_\_\_\_

**Student E-Mail address:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name and e-mail of teacher who recommended this program:** \_\_\_\_\_

\_\_\_\_\_

**School Name:** \_\_\_\_\_

**Do you have access to your e-mail on a regular basis?**

*Check One:*            **YES**            **NO**

**Are you able to attend all of the workshop and event dates listed below?**

- |  |   |
|--|---|
| <input type="checkbox"/> Monday, April 8     | <input type="checkbox"/> Thursday, May 2  |
| <input type="checkbox"/> Monday, April 15    | <input type="checkbox"/> Monday, May 6  |
| <input type="checkbox"/> Wednesday, April 17 | <input type="checkbox"/> Monday, May 13 (student showcase performance for family & friends) |
| <input type="checkbox"/> Monday, April 29    |   |

**Wednesday, May 15, 7:30 PM-attend performance of *Dear Evan Hansen***

*Check One:*            **YES**    I can attend all the workshops.  
                              **NO**     I cannot attend all the workshops.

(if No, please explain)

Please answer the following questions to the best of your ability.  
You are encouraged to use additional sheets if necessary.

*(Please print neatly or type.)*

**Please describe why you would like to participate in this program? Be Specific.**

**Describe a memorable experience you had while watching or participating in an arts-related activity. How did this affect your view on acting or the arts?**

**Please list the art form that interests you the most and how this program will allow you to grow in that area.**

*We anticipate that this will be a very popular program. Participants are expected to take the work seriously and fully commit to the program. Please note: participants will be required to take part in acting and writing exercises with, and in front of, the class, occasionally do work outside of class, and participate in a showcase performance for an invited audience of family and friends on May 13, the final day of the program.*



# Always Looking In Agreement

## Program Expectations:

Those selected to participate in this program will be held to the highest standards of dedication and commitment. We anticipate that this will be a very popular program, so it is important that all participants arrive on time and work in a cooperative manner with their peers and workshop leaders. Failure to do any of the above is grounds for dismissal from the program. Shea's staff reserves the right to dismiss anyone whom they believe lacks interest or commitment to the program. Regular access to your e-mail is a requirement of this program.

Please read and sign below.

By signing this document, I agree to attend all workshops and follow all expectations as outlined above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent or Guardian please read and sign below.

*By signing this document, I understand and give my consent to the following:*

- ✓ Allow my child to attend all workshops and events associated with the *Always Looking In* program.
- ✓ See that transportation is provided for my child to all workshops, shows and events.
- ✓ Give my permission to Shea's Performing Arts Center to take photographs, and/or make video or audio recordings, and /or use written quotes of my son/daughter (with their name) for the purpose of promoting Shea's Arts Engagement and Education Programs and Shea's PAC.
- ✓ Allow my child's image, name and creative work to be used in a variety of marketing formats including but not limited to: Shea's Facebook Pages, Twitter, and Instagram feeds, Shea's Website, YouTube channel, and other social media outlets.
- ✓ Allow my child to speak to, be filmed by, and have photos taken by TV, newspaper and other media.
- ✓ Allow Shea's to display my child's creative work, name and image in Shea's lobby and in other venues.
- ✓ I agree to pick up my child on time and understand that Shea's Performing Arts Center staff is not responsible for my child once they exit the premises (the building).

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: parent or guardian signature is required.

## Please mail, e-mail or fax the application and agreement form to:

Shea's Performing Arts Center

Attn: Jennifer Fitzery

P.O. Box 1130

Buffalo, NY 14205

Fax: 716-847-1644

[jfitzery@sheas.org](mailto:jfitzery@sheas.org)

*Note: please call 716-829-1152 or e-mail [jfitzery@sheas.org](mailto:jfitzery@sheas.org) to confirm that your application was received.*

## APPLICATIONS AND AGREEMENT FORMS MUST BE RECEIVED BY:

**TUESDAY APRIL 2 at 5:00 PM**

*Late or incomplete applications will not be considered.*