

# FREQUENT FLYERS® AERIAL DANCE

## Aerial Dance Professional Training Program Application for 2020-2021

Legal Name: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have health insurance? (Circle one.)      YES      NO      I WILL BY AUGUST 2020

\*Health insurance is required for participation in this program.

Do you have any current medical conditions, physical or mental, that will affect your participation in this program? (Circle one.)      YES      NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any current physical injuries? (Circle one.)      YES      NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please list all of your past physical injuries, including the dates they occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all current degrees and certifications you possess (what type, name of institution, year received):

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Which aerial apparatus are you most proficient on? \_\_\_\_\_

Please list all main aerial apparatus, dance forms, and movement forms you have studied below.

Apparatus/Movement Form	Year Began	Total Years of Study	Who Studied With/Notes

If you are accepted, how do you plan to pay for the program? \_\_\_\_\_

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If you are accepted, where do you plan to stay for the duration of the program? \_\_\_\_\_

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How did find out about our Aerial Dance Professional Training Program? \_\_\_\_\_

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Please answer the following questions on a separate piece of paper (no more than 4 pages, double spaced).

1. What draws you to the Frequent Flyers® Aerial Dance Professional Training Program?
2. What is your motivation for seeking a dance focused program over a circus-focused program?
3. What do you see as your greatest strengths in the field of aerial dance?
4. What do you foresee would be your biggest challenge(s) in the program?
5. What are your top 3 goals you hope to achieve through this program?
6. Do you intend to pursue a career in aerial dance? What do you envision that career to look like?
7. What positive contributions do you feel you could bring to the program and your class if accepted?
8. What are you most passionate about? (Can be related to aerial or not)
9. Do you possess any other related training or skills? (i.e. musician, actor, production skills, etc.)
10. Is there anything else you would like to share with us?

Along with this application, please include the following:

- A copy of your current aerial resume
- 2 letters of recommendation from people that have worked with you for at least 2 years in different capacities (at least one should be aerial related). Please ask them to include the following:
  - How long they have worked with you and in what capacity
  - Comments on your ability to be self-motivated and work independently
  - Comments on your ability to set goals and work towards them
  - Comments on your respect for others, maturity, and ability to collaborate
- 2 links or files of videos of you performing: one aerial and one with you dancing on the ground
  - Please include related information about the choreographer, other performers, music, venue, and a description of which performer you are.
  - Please limit video submissions to 5 minutes per video.
  - These do not need to be professional videos.

**Send application and required materials:**

Frequent Flyers® Aerial Dance  
3022 E. Sterling Circle, Suite 150  
Boulder, CO 80301  
Or email to [alysha@frequentflyers.org](mailto:alysha@frequentflyers.org)

**Questions:**

Contact Alysha Perrin, Education Director  
[alysha@frequentflyers.org](mailto:alysha@frequentflyers.org)  
[www.frequentflyers.org](http://www.frequentflyers.org)  
303-245-8272