2019/2020 STUDENT ASSOCIATE OVERVIEW

The Pittsburgh CLO Academy is pleased to present the new position of Student Associate. The Student Associate will replace the Work Study program. Interested students should read the details and requirements below.

Deadline to apply is August 9th.

Student Associate Details
- Eligibility – Students in grades 7-12
- Student Associates will receive 25% scholarship on classes
- Qualified students will be selected for an interview with Patty Maloney
- Student Associates will be required to assist on Saturdays for 3 hours
- Responsibilities may include:
  - Student teaching
  - Administrative support
  - Music copyist
  - Child Wrangler

Student Associate Requirements:
- Student Associate hours and assignment will be determined by Patty Maloney. It will be based on student availability and class schedule.
- Multiple class and private lesson discounts do not apply to Student Associates.
- Student Associates positions will be assigned for full year.
- Scholarship cannot be applied to private lessons, master classes, or productions.
- Scholarship can be combined with CLO Academy Scholarships
- More than 2 unexcused absences per semester may result in losing one’s position.
- Student Associates will follow Policies and Procedures outlined during interview process.

For more information, please contact: Patty Maloney, Principal at 412-281-2234 x104 or pmaloney@pittsburghclo.org
PITTSBURGH CLO ACADEMY OF MUSICAL THEATER
STUDENT ASSOCIATE APPLICATION

Please return all COMPLETED Applications to Patty Maloney.

Only one application per student.

PLEASE PRINT

Applicant Name: ___________________________ Age: ___________________________

Returning Student: (check one) ☐ Yes ☐ No Grade: ___________________________

Address: ________________________________________________________________

______________________________________________________________

Email: ________________________________________________________________

Phone #: ________________________________________________________________

Mother/Guardian Information: Father/Guardian Information:

Name: ___________________________ Name: ___________________________

Address: ________________________________________________________________

______________________________________________________________

Phone - Day: ___________________________ Phone - Day: ___________________________

Phone - Evening: ___________________________ Phone - Evening: ___________________________

Phone - Cell: ___________________________ Phone - Cell: ___________________________

E-Mail: ___________________________ E-Mail: ___________________________

Applicant Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

For more information, please contact: Patty Maloney, Principal at 412-281-2234 x104
or pmaloney@pittsburghclo.org
2019/2020 School Year

Enrollment Application

Please submit a separate application for each student. Please print legibly.

The applicant is:  □ New Student □ Returning Student
Most recently attended: □ Classes □ Summer Camp □ Master Class

STUDENT INFORMATION:
First Name: __________________ Last Name: ___________________ Gender: □ M □ F
Student's Email: __________________ Birthday: / / Age: __________________
School: ___________________ Grade Level: ___________________ School District: ___________________

Student lives with: □ Mother □ Father □ Guardian □ Other

MOTHER/GUARDIAN INFORMATION:
Full Name: ___________________ Full Name: ___________________
Phone - Day: ___________________ Phone - Day: ___________________
Email: ___________________ Email: ___________________
Employer: ___________________ Employer: ___________________
Position: ___________________ Position: ___________________

EMERGENCY CONTACT (if Parent/Guardian is unavailable)
Name: ___________________ Relationship to Student: ___________________
Phone - Day: ___________________ Phone - Day: ___________________
Email: ___________________ Email: ___________________

MAILING INFORMATION:
Address: ___________________ City: ___________________ State: ___________________ Zip: ___________________

PLEASE INDICATE COURSE SELECTION ON FOLLOWING PAGE

Class Tuition Due (not including discounts) + $ ___________________

Discounts (check that all that apply. Private Lessons are ineligible for discount.)
□ Full Year Paid (5%) □ Pre-Pro 3-4 classes* (10%) $ ___________________

*Multiple Class and Private lesson discounts do not apply to students who are receiving financial aid or scholarships.

Registration Fee (all students EXCEPT New Horizons) + $ 25.00

Total Due: Class Tuition + Private Lesson + Registration Fee = $ ___________________

Contribution to Academy** = $ ___________________

Amount Enclosed: Min. of 25% of Total Tuition + $ 25 Registration Fee = $ ___________________

**That tax deductible contribution to the CLO Academy helps maintain the high quality of programs for students and will be greatly appreciated. Thank you. A copy of the registration form and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania to 1-800-722-0999. Registration does not signify enrollment.

PAYMENT: PLEASE CHECK ONE OF THE FOLLOWING PAYMENT OPTIONS

□ Paying tuition in full □ I wish to be contacted about paying tuition in installments (debit or credit card only)

Payment Information
□ Cash □ Check (payable to Pittsburgh CLO) □ Money Order □ Debit □ Credit □ VISA □ MasterCard □ Other
Name it appears on Card: ___________________ Card Number: ___________________
Expiration Date: ___________________ Card Holder Signature: ___________________

*Registration fee waived. ** Prerequisite or concurrent class registrations required. See class pages for details.

Mail Completed Application and Payment to:
Pittsburgh CLO Academy · 130 CLO Academy Way, 8th Floor · Pittsburgh, PA 15222