



UCLA Disability Inclusion Lab:

DANCING DISABILITY

www.DancingDisability.ucla.edu

PROGRAM DATES: Sunday, June 21 - Sunday, June 28, 2020

For more information, click on the [Dancing Disability Website](#)

APPLICATION DUE: Extended to January 31, 2020

APPLICANTS NOTIFIED: March 6, 2020 (Notification date may be subject to change.)

APPLICATION INFORMATION

INSTRUCTIONS: Please complete all four sections of the application. Email the (1) completed cover page, (2) personal statement, and (3) curriculum vitae/resume to the [Dancing Disability Application Portal](#). The (4) letter of reference must be emailed directly to dancingdisability@college.ucla.edu.

The application includes the following:

1. Application Cover Page
 - a. General Information
 - b. Accommodations
Information about accommodations will only be used for planning purposes.
 - c. Digital Signature
2. Personal Statement (maximum 600 words)
 - a. In addition to the statement, include links to two dance projects:
List the title of the work, year, choreographer, composer or design credits, performers, and venue. Make clear your role in the production.
3. Curriculum Vitae/Resume (maximum 2 pages)
4. Letter of reference
Obtain a letter of reference from a person for whom you have worked or with whom you have collaborated as a dancer or choreographer. This should be emailed directly to us by the recommender at dancingdisability@college.ucla.edu.

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Important Note: Incomplete applications will not be considered.

To submit your application:

Email files to the [Dancing Disability Application Portal](#)*. Your application materials will be automatically uploaded to a drive once they are received. Upon submission, you will receive a confirmation email when your application has been successfully uploaded.

Important: If you do not receive a confirmation email or if you are having issues uploading your application, please send application materials directly to Dancing Disability at dancingdisability@college.ucla.edu.

*Your application materials should be sent directly to the committee via the following email address:
Applica.dred6pggoffw94qb@u.box.com

IMPORTANT NOTICE:

Dancing Disability is free of cost to participants. Thanks to generous support, travel arrangement, lodging, and program expenses for all participants accepted into the program will be covered. Participants are responsible for their own personal expenses and are responsible for any meals not covered by Dancing Disability.

QUESTIONS?

Please check our [FAQ page](#). If you have any additional questions, please email dancingdisability@college.ucla.edu.

GENERAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
Pronouns	<input type="text"/>	If other pronoun	<input type="text"/>
Primary Email	<input type="text"/>	Alternate Email	<input type="text"/>
City	<input type="text"/>	State/Province	<input type="text"/>
Country	<input type="text"/>	Phone Number	<input type="text"/>
Company/Organization/Institution	<input type="text"/>		

Dancing Disability is intended for emerging and experienced disabled dance artists. Do you identify as a person with a disability? Yes No Prefer not to disclose

ACCOMMODATIONS INFORMATION

This information will be not considered as part of your application. This information will only be used for planning purposes.

1. Do you have any dietary restrictions? Yes No

If yes, please list them.

Additional Information:

2. If you are accepted into the program, will you bring a PCA or support person with you? Yes No

Additional Information:

3. Will you need an ADA-compliant hotel room? Yes No

Additional Information:

4. Will you need ASL interpretation? Yes No

Additional Information:

5. Do you have additional accommodation requests that you would like us to know? Yes No

LETTER OF REFERENCE INFORMATION

Please provide the following information for your reference. The letter must be emailed directly to dancingdisability@college.ucla.edu by January 31, 2020.

Name of Reference	<input type="text"/>
Email of Reference	<input type="text"/>

IMPORTANT NOTICE TO APPLICANTS: By signing below, I certify that the information contained in the application is true and accurate.

Signature Field _____ Date _____