



The LEE STRASBERG
THEATRE & FILM INSTITUTE
www.strasberg.com

The Johnny Depp Scholarship Application Form

Please complete the following application in English and return along with all supplementary materials via postal mail only to The Lee Strasberg Theatre and Film Institute in New York. Recipients will be notified by e-mail and may be subject to a Skype interview as part of the selection process. Students wishing to apply should have a 2.5 minimum GPA (75/100) and must maintain said academic level of achievement throughout his/her studies at the Institute. For application deadlines, please refer to the website - <http://newyork.methodactingstrasberg.com/scholarships-and-awards/>

Personal Information

LEGAL NAME

Last Name:

First Name:

Age:

Gender: Male Female

Date of Birth (mm/dd/yyyy):

Home Phone:

Cell Phone:

Skype ID:

E-mail Address:

PREFERRED MAILING ADDRESS

Street Address:

City:

State:

Zip:

Level of Education

High School

College/University

Graduate Studies

Other:

Name of Academic Institution?

Background

Awards, Honors, and Scholarships:

Continue on the next page

Volunteer Work:

Artistic Review

How did you hear about this scholarship?

Why do you want to study at the Lee Strasberg Theatre and Film Institute (min. 700 words typed only)

Continue on the next page

Discuss your short term and long term artistic goals (min. 700 words typed only)

Continue on the next page

How will receiving this scholarship impact your professional & artistic life? (min. 700 words typed only)

Please include the following materials with your Application Form (All documentation is to be submitted in English. All translations must be notarized).

- 2 letters of recommendation (no more than 6 months old) from a professional or teacher that can speak about your work.
- One passport-sized photo (for Identification purpose only)
- Headshot and Resume
- Copy of your latest transcripts

I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct.

Print Name:

Signature:

Date:

Written signature required (in ink)

FOR OFFICIAL USE ONLY:

Date Application Received:

Interview Date:

Approved: Yes No

Received by:

Interviewed by: