



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

**FROM SCRIPT TO SCREEN**  
**Short Form Movie Making Workshop**  
**(January 22 – January 25, 2019)**  
**Tuition: \$1,000**

New York Campus

**LEGAL NAME**

Last Name:  First Name:   
Middle Name:

**MAILING ADDRESS**

Street Address:   
City:  State:  Zip:   
Country:

**PERMANENT ADDRESS**

Street Address:   
City:  State:  Zip:   
Country:  Cell Phone:   
Home Phone:  E-mail:   
Fax Number:  Skype ID:  Age:   
Date of Birth (mm/dd/yyyy):   SAG-AFTRA

Gender:  Male  Female Are you a citizen of the United States?  Yes  No

Do you have a Green Card or any other type of Visa?  Yes  No

If yes, please explain & include photocopy:

I confirm that I can speak, write and read English with proficiency.  Yes  No

Country of Birth:  Country of Citizenship:

How did you learn about the Institute?

## Emergency Contact Information

Name:

Telephone:

Relationship:

**APPLICATION REQUIREMENTS:** Along with this application you must include the following items. Your application will not be reviewed until all of these items are received exactly as described below via postal.

- One Photo for identification purposes only (passport size preferred).
- A Résumé/CV of any prior training and/or experience (experience not mandatory) typed. If you do not have any prior training or experience in acting, please include previous employment and education history, regardless of field.

**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:

### FOR OFFICIAL USE ONLY:

Date Application Received:

Interview Date:

Scale (1-10)

Received by:

Interviewed by:

Accepted:

Yes

No