



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

Admissions Application Form 4-Day Summer Improv/Sensory Workshop (July 16 – July 19, 2019) 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