

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 & Film Institute in New York. Recipients will be notified by e-mail and finalists will be interviewed via Skype 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 their studies at the Institute. Please refer to the website under Scholarships for deadlines or call the front desk at (212) 533-5500.

PERSONAL INFORMATION		
LEGAL NAME Last Name:	First Name:	Middle Name:
Age:	Gender:	Country of Citizenship:
Country of Birth:	Date of Birth (mm/dd/yyyy):	Home Phone:
Cell Phone:	Clause ID	E-mail Address:
Cell Phone:	Skype ID:	E-man Address:
PREFERRED MAILING ADDRESS Street Address:		City
Street Address:		City:
State:	Zip:	Country:
EMERGENCY CONTACT INFORM	ATION	
Name:	ATION	Phone:
Email:	Country of residence:	Relationship:
LEVEL OF EDUCATION		
High School College/Unive	ersity Graduate Studies	
Other:	STANDARD STANDARD	
Name of Academic Institution?		

BACKGROUND	
Awards, Honors, and Scholarships:	
Volunteer Work:	
ARTISTIC REVIEW	
Please include your answers to the following	questions on an attached sheet of paper:
1. How did you hear about this scholarship?	
	erg Theatre & Film Institute? (min. 700 words typed only)
3. Discuss your short-term and long-term artis	
4. How will receiving this scholarship impact y	vour professional and artistic life? (min. 700 words typed only)
APPLICATION REQUIREMENTS	
	r Application Form (All documentation is to be submitted in English. All translations must be notarized
Please include the following materials with you	
1. Two letters of recommendation (no more th	an 6 months old) from a professional or teacher that can speak about your work
2. One passport-sized photo (for identification	purpose only)
3. Headshot and Resume	
4. Copy of your latest transcripts	
I cartify that to the best of my knowledge	that the foregoing information I have provided on this application is accurate and correct.
	that the foregoing information I have provided on this application is accurate and correct.
Name:	
Signature or E-Signature:	Date:
FOR OFFICIAL USE ONLY:	
Date Application Received:	Received by:
Interview Date:	Interviewed by:
interview Date:	inci viewed by:
Accepted: YES NO	