



Young Actors at Strasberg

ADMISSIONS APPLICATION FORM

STUDENT INFORMATION

Last Name:	First Name:	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity:	School:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT/GUARDIAN INFORMATION

Name:	Telephone:	
<input type="text"/>	<input type="text"/>	
E-mail:	Relationship:	
<input type="text"/>	<input type="text"/>	
Street Address:	City:	
<input type="text"/>	<input type="text"/>	
State:	Zip:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUNG ACTORS PROGRAM

Special Program or Class

Saturday Program:

Fall: September - December Winter: January - March Spring: April - June

Summer:

July Kids Camp July Teen Workshop August Teen Workshop Young Adult Intensive

How did you learn about Young Actors at Strasberg?

APPLICATION REQUIREMENTS

Along with this application you must include the following items. Your application will not be complete until all these items are received exactly as described.

1. COMPLETED APPLICATION
2. ONE PHOTO: For identification purposes only, passport size preferred but not required
3. PERSONAL STATEMENT: An essay (no less than 100 words and no more than 250 words typed) describing your goals in the field of acting and why you wish to study in the Young Actors at Strasberg Program.

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

Signature or E-Signature:	Date:
<input type="text"/>	<input type="text"/>