The LEE STRASBERG THEATRE & FILM INSTITUTE

Admissions Application form

NEW YORK CAMPUS

Please complete the following application in English and return along with all the supplemental materials. You can submit your application and documents by email. Email scanned documents (PDF and JPG files only) to APPLY@STRASBERG.EDU

PERSONAL INFORMATION

LEGAL NAME

First Name (given name): | Middle Name: | Last Name (surname):

Preferred first name (if different than legal name): | Date of Birth (mm/dd/yyyy): | Age:

Gender: | US Veteran: | SAG-AFTRA Member:

Choose one: ☐ US Citizen ☐ US Permanent Resident ☐ Non-US Citizen

Country of Citizenship:

I am proficient in speaking and writing in the English Language: ☐ Yes ☐ No

Other languages I speak:

I am applying as a: ☐ Domestic Student ☐ International Student

CONTACT INFO

Current Address

Street Address: | City:

State/Province: | Postal Code: | Country:

Home Phone: | Mobile Phone: | Email:

Permanent Address

Street Address: | City:

State/Province: | Postal Code: | Country:

EMERGENCY CONTACT INFORMATION

Name:

Email:

Phone:

Country of Residence:

Relationship

How did you learn about The Lee Strasberg Theatre & Film Institute?

PROGRAM AND START DATE

I am applying for the following program:

- [ ] Winter Intensive
- [ ] Spring Intensive
- [ ] Summer Intensive
- [ ] Undecided

When would you like to begin your studies?
Please see the listing of upcoming program start dates on our website to complete this section.

Please indicate your desired start date:

or

Next available start date

CERTIFICATION

Certification to be completed by the applicant only, unless they are under age 18.
I am the applicant and I certify that all of the information I have provided on this application form is true and correct and that all other supporting documents submitted are authentic.

Name:

Signature or E-Signature:

Date: