

The Eleanora Duse Scholarship

APPLICATION FORM

Please complete the following application in English and return along with all supplementary materials via email to scholarshipsla@strasberg.edu. 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 and more information.

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:	Email Address:		
MAILING ADDRESS			
Street Address:		City:	
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State:	Zip:	Country:	
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PERMANENT ADDRESS: if different from above.			
Street Address:	illi above.	City:	
		- ','	
State:	Zip:	Country:	
		,	
ENTER CENTON CONTENT OF THE	DA CAMPAGNA		
EMERGENCY CONTACT INFO	RMATION		
Name:		Phone:	
Email:	Country of residence:	Relationship:	
HIGHEST LEVEL OF EDUCATION			
High School College/	University Graduate Studies		
Other:			
Name of Academic Institution?			

BACKGROUND			
Awards, Honors, and Scholarships:			
Volunteer Work:			
ARTISTIC REVIEW			
	minimum - 1250 max words. Essay should	l be typed and attached as a pdf file.	
1. How did you hear about this scholarship?	•		
2. Why do you want to study at the Lee Strasberg Theatre & Film Institute?			
3. Discuss your short term and long term artistic goals			
4. How will receiving this scholarship impact you	r professional and artistic life?		
APPLICATION REQUIREMENTS			
Please include the following materials with your A English, you must submit the original document		omitted in English. If the original language is not	
1. Two letters of recommendation (no more than 6 months old) from a professional or teacher that can speak about your work.			
2. Headshot and Resume			
3. Copy of your latest transcripts.			
4. Proof of English Proficiency (see Admission Requirements for details.)			
I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct. Name:			
Ivalite.			
	_		
Signature or E-Signature:	Date:		
FOR OFFICIAL USE ONLY:			
Date Application Received:	Received by:	Interview Date:	
Approved: Yes No			