



**YOUNG ACTORS 1 YEAR CONSERVATORY: HONOR'S TRACK
ADMISSIONS APPLICATION FORM**

Student Information:

Student Name: _____ Grade: _____ D.O.B.: _____

Parent/Guardian Contact Information:

Name: _____

Phone: _____ E-mail Address: _____

Street Address: _____

****Please note for in-person Teen classes all students MUST show proof of their vaccination card****

Medical/Emergency Information

HISTORY OF INJURY OR HOSPITALIZATION: _____

HEALTH CONDITIONS: (such as asthma, epilepsy):

MEDICATION(S): _____

ALLERGIES: _____

Emergency Contacts

Name: _____

Relationship: _____

Phone Number(s): _____

Name: _____

Relationship: _____

Phone Number(s): _____

Personal Statement: In your own words, please write a personal statement that outlines your goals in the field of acting and why you are interested in the Conservatory: Honor's Track program.

Please submit a resume, two (2) reference letters and one photo (for identification purposes) to youngactors@strasberg.edu along with the application form. Incomplete applications will not be accepted or considered for the program.

Application Certification:

I, _____ (applicant name) certify that all the information I have provided on this application form is true and correct and all supporting documents submitted are authentic. I understand that this is an application and not an acceptance into the Young Actors Conservatory: Honor's Track Program.

Applicant Signature

Date