

young actors at strasberg application

Please Print using blue or black ink.

Last Name _____

First Name _____

Age _____

Date of Birth (month/day/year) _____

Current Address _____

City _____

State _____

Zip Code _____

E-mail _____

contact numbers

Home Phone _____

Daytime Phone _____

Parent/Guardian Name and Relationship

Previous Theatre Experience

Dance training (if any)—styles, years of experience, where studied

Vocal training (if any)—years of experience, range

application requirements

- **Two Letters of Recommendation** should accompany this application. The letters can be from teachers, guidance counselors, agents or any one you may have worked with professionally. Letters may NOT be from family members or friends. The letter should speak about your character, work ethic, and/or performing arts experience.
- Please provide a short **Essay** (no less than 150 words) describing why you would like to study in The Summer Teen Program, the one skill you hope to improve upon this summer, and your personal goal(s) for the program.
- **Headshot or small photo** of yourself.
- **Resumé** of your theatrical and school experience.
- **\$50.00 Application Fee**, payable by money order or certified check.
- If you are not a New York area resident, please provide a **letter** stating the name and address of the adult (over 21 years of age) with whom you will reside and who will be your guardian during your stay in New York City. If you have any questions, please contact the school at 212-533-5500