

6-Week Conservatory Application

Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Phone (home) _____ Phone (mobile) _____

Email _____

College/University Affiliation (if applicable) _____

Current Student Status _____

Please provide a short paragraph explaining why you want to study acting:

Please include with this application:

- One (1) letter of recommendation- must be sent separately. (*Must include addresses and telephone numbers of the referring party. The letter should be from instructors, industry professionals, or persons who can recommend the applicant's character, potential and commitment*)
- One (1) picture and resume (*description of applicant's acting experience*)
- A \$75 non-refundable application fee (*payable to T. Schreiber Studio, Inc.*)
- **Out-of-town applicants only:** video tape/DVD of 2 contrasting monologues

Signature _____ Date _____

Send completed application to:
T. Schreiber Studio, 151 W. 26th St., 7th Floor, New York, NY 10001
For further information, phone 212-741-0209 Fax: 212-741-0948
Email: info@tschreiber.org