

Center for Actor Training

Application Form

Please include the following materials with this application form. Incomplete applications cannot be processed.

- your current theatre resume
- your headshot (or a recent photo)
- on a separate sheet, please summarize your reasons for applying for this training
- \$25 non-refundable application fee

Return your completed application to:
Shakespeare & Company
Center for Actor Training
70 Kemble Street
Lenox, MA 01240



Check the program you are applying for, include date, city or title where applicable:

- **Month-Long Intensive** Year: _____
- **Weekend Intensive** Dates: _____ City: _____
- **Shakespeare's Rhetoric** Date: _____
- **Shakespeare & Gender** Date: _____
- **Other** Specify: _____
- **Summer Training Institute** Year: _____
- **First Follo** Date: _____
- **Clown Workshop** Year: _____

Applicant Information

| | | | |
|--------------------------|--------------------|-----------------------------|----------|
| Last name: | First name: | Name you like to be called: | |
| Date of birth: | Height: | Weight: | Gender: |
| Current mailing address: | | | |
| City: | State or province: | Postal code: | Country: |
| Phone (cell): | Phone (alt): | | |
| E-mail: | | | |

References

Please list two references our staff can contact (ie: teachers, directors, fellow actors):

Name: _____ Relationship: _____ Phone (or email): _____

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I wish to apply for (check if applicable): • Workstudy Position • Partial Scholarship
(please note that scholarships and workstudy positions may not be available for all programs)

How did you learn about the Shakespeare & Company Training Program you are applying for?

Previous Shakespeare & Company workshops (if any) and dates:

I am a member of: • Actors' Equity • SAG • AFTRA • STAA

Payment by:

- Check, or money order (enclosed, payable to Shakespeare & Company)
- If other form of payment, please contact: training@shakespeare.org or 413-637-1199 ext. 114.

Signature (or type name): _____ Date: _____