

# SHAKESPEARE & COMPANY Center for Actor Training

PLEASE PRINT or TYPE

## 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
- \$45 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:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Month-long Intensive</b> Year: _____              | <input type="checkbox"/> <b>Conservatory</b> Year: _____               |
| <input type="checkbox"/> <b>Weekend Intensive</b><br>Dates: _____ City: _____ | <input type="checkbox"/> <b>Summer Training Institute</b> Year: _____  |
| <input type="checkbox"/> <b>Shakespeare's Rhetoric</b> Date: _____            | <input type="checkbox"/> <b>First Folio</b> Date: _____                |
| <input type="checkbox"/> <b>Shakespeare &amp; Gender</b> Date: _____          | <input type="checkbox"/> <b>Performance Intern Company</b> Year: _____ |
| <input type="checkbox"/> <b>Other</b> Specify: _____                          |  |

### 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: _____ |
| telephone (primary): _____     | telephone (alternate): _____ |                                   |                |
| e-mail: _____                  |                              |                                   |                |

### References

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

|             |                     |                        |
|-------------|---------------------|------------------------|
| name: _____ | relationship: _____ | telephone (day): _____ |
| name: _____ | relationship: _____ | telephone (day): _____ |

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)  
 MasterCard  VISA  AmEx

|                 |                        |                                  |
|-----------------|------------------------|----------------------------------|
| card no.: _____ | expiration date: _____ | sign or type name on card: _____ |
|-----------------|------------------------|----------------------------------|

- V Code\*: \_\_\_\_\_ \*three digit number on the back of your card, or four digit number on the front of AmEx cards.
- In addition to the \$45 application fee, please use this card to pay tuition in the amount of \$ \_\_\_\_\_ if I am accepted into the program.
- I plan to pay tuition by another method: \_\_\_\_\_

|                                 |             |
|---------------------------------|-------------|
| signature (or type name): _____ | date: _____ |
|---------------------------------|-------------|