



312 West 36th Street
New York, NY 10018
www.barrowgroup.org
212.760.2615

Application for:

- ☐ One Year Professional Acting Program
☐ One Year Foundations of Acting Program

Full Name: _____

Email: _____

Phone: _____

Mailing Address: _____

Emergency Contact Info:

Name: _____

Relation: _____

Email: _____

Phone: _____

Have you previously studied at The Barrow Group?

____YES ____NO

If yes, please list which class, the instructor, and when:

Educational Background:

Please list high schools/colleges/universities attended:

Please list two references:

Name:

Phone:

Email:

Name:

Phone:

Email:

What are your short-term professional goals?

What are your long-term professional goals?

Why do you want to study at the Barrow Group?

In addition to the application, please also submit a headshot (it does not have to be a professional shot) and resume.

If you have any questions, please contact school@barrowgroup.org