

Shirley Frimpong-Manso's

NEXT SCREEN STAR

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PROGRAM APPLICATION FORM Please note that the Next Screen Star form must be dropped off on or between the dates stated and not after.
12TH - 30TH SEPTEMBER 2017

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Other Names: _____

Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: _____ Nationality: _____ Marital Status: _____

Religion: _____ Occupation: _____ Languages Spoken: _____

CONTACT DETAILS

Current Place of Residence: _____

Email Address: _____ Mobile No: _____

Please write email address clearly as we will use email to correspond with you.

CONTACT PERSON INCASE OF EMERGENCY

Full Name: _____

Address: _____

Email Address: _____ Mobile No: _____

ACADEMICS AND SKILLS There are no academic requirements. The following questions are asked for information purposes only.

Educational Background: _____

Do you have any acting experience: (YES / NO). If YES kindly list type of projects, roles played and when.

Project Type	Role Played	When
_____	_____	_____
_____	_____	_____

Do you have any other skills you would like to share: _____

Disclaimer: Please note that participation in or payment of Next Screen Star program fee DOES NOT guarantee any applicant any role whatsoever in any film production; present or future.

APPLICANT SIGNATURE

Please sign here.

Date.

This section is for the Next Screen Star administration use only.

Application Fee Status. _____ Note.	GROUP NO. (A) _____ (B) _____ (C) _____ (D) _____ (E) _____
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