**Application for Admission**

**Acting for Film Summer Workshop 2026**

Office of Admissions

Prague Film School

Pstrossova 19, 110 00 Prague 1

Czech Republic

E-mail: admissions@praguefilmschool.cz (applicants are notified within 2 business days regarding receipt of materials. If an applicant does not hear back from the school, he or she should contact the school by telephone +420 257534013.)

**I. Personal Information**

First Name:

Last name:

Nationality(ies):

Male o / Female o

Occupation / Study (describe the area in which you are working/studying and your position):

Address:

City:

Post Code:

Country:

Date of Birth:

Telephone:

E-mail:

**How did you first find out about Prague Film School?**

o Google Search

o Google Ad

o Other internet site (name):

o Referral (name):

o Other:

**II. Program**

**1. Please indicate the program you are applying to:**

**SUMMER WORKSHOPS:**

o June 28 – July 25, 2026

Tuition Fee: 2,960 Euro  
Equipment Fee: 120 Euro

o July 26 – August 22, 2026

Tuition Fee: 2,960 Euro  
Equipment Fee: 120 Euro **2. Please describe your experience in the following areas (detailed answers welcome):**

**Theater Acting:**

 none

 study:

 professional:

Comments:

**Film Acting:**

 none:

 study:

 professional:

Comments:

**Filmmaking (writing, directing, camera, editing, sound):**

 none

 study:

 professional:

Comments:

**3. Where do you intend to use the Prague Film School experience?**

 in professional career

 in studies

 for personal purposes

 Other

Comments:

**III. Accommodation**

**Please choose the relevant option:**

* Will arrange own accommodation

[please read non-PFS housing note – click on [this link](https://drive.google.com/file/d/1MmfJUaUGigFHJmV7_GLmrpJ2KIP-DFp_/view?usp=sharing)]

* Shared flat option:

[please read the presentation about PFS housing – click on [this link](https://drive.google.com/file/d/15TJ5Nw9KPHuXfX8lEGaTx4KRCJcqqPAY/view?usp=drive_link)]

4-week workshop: 1,150 Euro

**IV. Healthcare Insurance**

**Applicants are expected to arrange their own medical insurance.**

**V. Signature**

**By typing my name below I confirm that all of the information I provided above is correct. By typing below I also provide my consent for my personal data to be used for school administrative purposes in communicating with me by email, phone or post in relation to my enrollment at Prague Film School. In the event I am applying for a Czech Visa, I also understand that the Ministry of Interior may request to review my application file to confirm the legitimacy of my visa request. By typing my name below I consent to the sharing of this information.**

Name, Surname …………………………………………….

Date, Place ……………………………….