

# The Acting Company

## Internship Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Permanent Add: \_\_\_\_\_  
(if different from above) \_\_\_\_\_  
\_\_\_\_\_ Alt Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current or most recent school attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will you be receiving college credit for this internship? \_\_\_\_\_ YES \_\_\_\_\_ NO

List any degrees/licenses/certifications you have: \_\_\_\_\_  
\_\_\_\_\_

*Please indicate the semester or term for which you are applying:*

\_\_\_\_\_ Fall (September – January)  
\_\_\_\_\_ Spring (January – May)  
\_\_\_\_\_ Summer (June – August)  
\_\_\_\_\_ Other: \_\_\_\_\_

*Please indicate the earliest and latest possible dates for which you are available for work.*

Earliest Date Available: \_\_\_\_\_ Final Date Available: \_\_\_\_\_

Are you interested in a: \_\_\_\_\_ Full-Time or \_\_\_\_\_ Part-Time internship?

*In order to complete your application, please submit the following with this completed form:*

1. A cover letter that includes a brief statement of purpose
2. A current resume
3. References from faculty or co-workers

References:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

*Please mail or fax your completed application packet to:*

**The Acting Company**  
**ATTN: Internships**  
**Times Square Station**  
**P.O. Box 898**  
**New York, NY 10108**

**Fax: (212) 258-3299**

