NYS Theatre Institute

Intern Program Application

Desired enrollment:

_____ Fall _____ Spring _____ Summer _____Year

Name _____

Current Address _____

City, State, ZIP _____

Telephone _____ Cell Phone _____

e-Mail _____

Permanent/Parental Address _____

Telephone _____ Cell Phone _____

Academic Affiliation _____

Address _____

Current degree _____ Class level _____

Declared major(s) _____ minor(s) _____

Advisor _____ Telephone _____

Please attach resume or complete:

Performing arts training/experience: _____

_____

_____

Education training/experience: _____

_____

_____

References (one personal and two academic preferred):

Name _____

Address _____

Phone _____ e-Mail _____

References (one personal and two academic preferred):

Name _____

Address _____

Phone _____ e-Mail _____

Name _____

Address _____

Phone _____ e-Mail _____

Please compose a one-page, typewritten essay explaining why you should be considered for an internship, and submit it, and a photograph of yourself, along with this application. Please also arrange to have a transcript sent to:

Intern Program Director

NYS Theatre Institute

37 First Street

Troy, NY 12180