



INTERNSHIP APPLICATION

Name: _____ Date of Birth: _____

Current Address: _____

Phone: (Home) _____ (Cell) _____

Current or most recent school attended: _____

School Address: _____

E-mail Address: _____

Advisor and Phone: _____

Major: (College Only) _____

Graduation Date: (College and High School) _____

Are you currently a student? YES NO

Will you be receiving College/High School credit for this internship? YES NO

List any degrees/licenses/certifications you have: _____

Please indicate to which department you are applying; if more than one, rank no more than 3 areas in numerical order (1 being of highest interest):

Theatre Administration

Development

Marketing

Public Relations

Education & Community Outreach

Production

Choreography

Musical Direction

Stage Management

Directing

Costume

Lighting

Sound

Production Management

Other: _____

Please indicate the semester or term for which you are applying.

FALL

SPRING

SUMMER (June-August)

OTHER:

Please indicate the earliest date you are available for work and the latest possible date you are available.

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 or list of experience
3. One letter of recommendation from faculty or co-workers.

Please mail or submit your completed application packet to:

Noble Fool Theatricals
ATTN: Internship Program
4052 East Main Street
ST. Charles, IL 60174

Upon receipt of your application and all supporting information, you may be contacted to schedule an interview. Thank you for your interest in Noble Fool Theatricals

