



# INTERNSHIP APPLICATION FORM

## FOR COMPLETION BY APPLICANT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Check the semester for which you are applying (check only one):

Fall

Spring

Summer

Availability:  Full Time  Part Time

Desired Schedule (if part-time): \_\_\_\_\_

Available Starting: \_\_\_\_\_

Departments for which you are applying (1-3 Ranking):

1.

2.

3.

Are you available to interview: (check those that apply)

In person?

Over the phone?

To complete your application, please send a cover letter, resume and a letter of recommendation to:

[atlanticintern@atlantictheater.org](mailto:atlanticintern@atlantictheater.org)

or

Internship Program  
Attn: Aaron Thompson  
Atlantic Theater Company  
76 Ninth Avenue, Suite 537  
New York, NY 10011

## FOR OFFICE USE ONLY

Pre

Post

CL

Res

Rec

CFI

ROS

Notes:

Called for Interview on: \_\_\_\_\_ First Interview date/time: \_\_\_\_\_  Added to Passage Point

Department Offered: \_\_\_\_\_

Status \_\_\_\_\_