

A·R·T·

Robert J. Orchard *Executive Director* Robert Woodruff *Artistic Director* Gideon Lester *Associate Artistic Director*

Internship Application

Name : _____

Current Address : _____

Permanent Address : _____

Telephone : _____

Email : _____

Area Of Interest : _____

(If more than one area of interest, write all departments in order of preference)

Date of Birth : _____

U.S. Citizen? Yes No

Availability : Start Date _____

End Date : _____

Education : _____

(please list major, GPA, and date of graduation if applicable)

College Credit : No Yes

References :

Reference #1

Name : _____

Relationship to Applicant : _____

Address : _____

Phone : _____

Email : _____

Reference #2

Name : _____

Relationship to Applicant : _____

Address : _____

Phone : _____

Email : _____

American Repertory Theatre

and Institute for Advanced Theatre Training