



The Community Theater Project Corporation

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INTERNSHIP APPLICATION

First Name _____ Last Name _____

Address _____

City, State & Zip _____

Phone (Home) _____ Cell _____

Email: _____

In Case of Emergency, Contact _____

Relation _____ Phone _____

Are you currently a student? Yes No If yes, what year? _____

Major/Area of Study _____

Teacher or Advisor _____

Teacher/Advisor Phone _____ Email _____

How did you hear about this internship? _____

Rank your top three internship area preferences:

____ Programming ____ Production ____ Marketing
____ Development ____ Operations/Administration

Which term are you applying for? ____ Fall ____ Spring ____ Summer ____ Any

Please attach to this application:

- A one-page cover letter detailing your interest in arts management and the Kelly-Strayhorn Theater
- Your resume
- Name and contact information for two references