



Student Internship Application

Name _____
last first middle

Email _____ Contact phone # _____

Current Address _____
street city, state, zip

Permanent Address _____
street city, state, zip

Please check all the following that apply:

I am 16 or older.

I will not be enrolled as a student during time of internship.

Last year of school completed _____ Name of School _____

I will be enrolled as a student during time of internship.

Name of school _____ Current year in school _____ GPA _____

Will you be completing this internship for credit? (circle one) _____ YES NO

Indicate which department(s) you are interested in working by numbering in order of preference.

_____ Marketing and Development _____ General Production
_____ Costume Production _____ Technical Production

Dates available: from _____ to _____

Days of the week/hours of availability _____

Please enclose with this application: 1. Resume of theatre and related experience 2. Three references with contact information

Mail application packets to: Lauren Shouse, Tennessee Repertory Theatre, Internship Program, 161 Rains Avenue, Nashville, TN 37203
Or email complete packets to lauren@tennesseerep.org