



# INTERNSHIP PROGRAM APPLICATION

## Piven Theatre Workshop

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Highest Level of Education: \_\_\_\_\_

School/University Attended: \_\_\_\_\_

If University, Major Program: \_\_\_\_\_

Do you intend to use this internship for school credit? Y N

Please rank your top 3 internship focus choices from most to least desired:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Availability/Conflicts (see internship descriptions for time/date requirements)

How did you learn about Piven?

Please send this application, along with a professional resume, cover letter, and writing sample (if applicable) to [carolyne@piventheatre.org](mailto:carolyne@piventheatre.org) for consideration. No phone calls, please.