

APPLICATION FOR INTERNSHIP

Name:	
Email:	
Cell Phone:	Home Phone:
Current/School Address:	
City, State, ZIP:	
Permanent Address:	
City, State, ZIP:	
College/University:	
Degree/Major:	Date of Graduation:
Internship for which you are applying:	
 Artistic Costume Design Light and Sound Design Scenic Carpentry Stage and Properties Management 	nt
Regardless of which internship you apply/are selec all departments to provide you a well-rounded educ	
Please select the internship term you are available:	
□ Summer (May-August) □ Fall (September-De	ecember)
Exact dates you are available: From / /	until / /
Once your application and accompanying materials a phone interview. If you have any questions, plea rhervas@overshadowedproductions.com, or 630-2	