



DEADLINE: May 30, 2016

THE BLACK REP PROFESSIONAL INTERN PROGRAM APPLICATION
2016 – 2017 SEASON
●ACTING●

Complete and return to: Professional Intern Program Review
The Black Rep
6662 Olive Blvd
St. Louis, MO 63130
education@theblackrep.org
(314) 534-3807

Include your Resume and Headshot.

PLEASE TYPE OR PRINT NEATLY IN DARK INK AND MAIL TO ADDRESS ABOVE

Name _____, _____, _____
(Last) (First) (Initial)

Social Security Number: _____

Mailing Address:

Street _____

City _____ State _____ Zip _____

Permanent Address (If different from above)

Street _____

City _____ State _____ Zip _____

Telephone Number(s):

Daytime () _____ Evening () _____

Cell () _____ Fax () _____

How did you hear about the Black Rep's Intern Program? _____

Have you participated in other intern programs? _____. If yes, list where, when and emphasis: _____

PLEASE COMPLETE THE FOLLOWING:

1. EDUCATIONAL BACKGROUND: (Include name of High School, College, University, and/or Professional School. List any earned degrees.)
 - a. _____
 - b. _____
 - c. _____

2. UNION AFFILIATIONS: (i.e. AFTRA, SAG) _____ If yes, which one(s): _____

3. List where you received previous theatre training, such as studio, school or private study:
 - a. _____
 - b. _____
 - c. _____

4. Do you have any technical experience? (i.e. carpentry, lighting, sound, costume, etc.)
_____. If yes, in what area(s): _____

5. Have you studied dance or body movement? _____. If yes, what type and how long have you studied? _____

6. Can you read music? _____

7. Do you play any musical instruments? _____. If yes, what type of instrument and how well? _____

8. What voice do you sing? _____

9. Do you have any teaching experience in the arts with children and/or adults? _____.
If yes, describe the participants, the project(s) and nature of your involvement: _____

10. List any special skills or interests you have that relate to the area to which you are applying (i.e. foreign language, juggling): _____

REFERENCES

List three (3) references, including name, title, address and telephone number:

1. Someone who can speak on behalf of your *educational* background.

Name _____

Title _____

Address _____

Telephone Number _____

2. Someone who can speak on behalf of your *artistic, administrative or technical ability*.

Name _____

Title _____

Address _____

Telephone Number _____

3. Someone (not a relative) who can speak on behalf of your *character as an individual*.

Name _____

Title _____

Address _____

Telephone Number _____

Applicant's Signature

Date

**(For all applicants under 21 years old, at the time of application.)*

Parent/Guardian Signature is required: _____

Relationship to the applicant: _____

Telephone Number: (_____) _____

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Note: Make a copy of this completed application to keep on hand for your files.