



Semester(s) of Interest:	
<input type="checkbox"/> Fall	
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	Year _____

Internship Application

Full Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Current Address: _____ Permanent Address (if different): _____

School/University Name: _____ Intended date of graduation: _____

Major (if applicable): _____ Degree: _____

Please check internship areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Arts Administration | <input type="checkbox"/> Development and Fundraising |
| <input type="checkbox"/> Education and Performing Arts School | <input type="checkbox"/> House Management |
| <input type="checkbox"/> Marketing and Public Relations | <input type="checkbox"/> Production |

Please describe your availability: _____

Please list 3 references:

1. Name _____ Title: _____ Relationship: _____

Email: _____ Phone: _____

2. Name _____ Title: _____ Relationship: _____

Email: _____ Phone: _____

3. Name _____ Title: _____ Relationship: _____

Email: _____ Phone: _____

Please mail completed application along with resume and cover letter to:

Julie Dwoskin
 Mayo Performing Arts Center
 100 South Street
 Morristown, NJ 07960

For further information, please e-mail jdvoskin@mayoarts.org or visit www.mayoarts.org