



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

Internship Application

Full Name: _____ Cell Phone: _____

Email: _____

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 | <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