



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 carolyn@piventheatre.org for consideration. No phone calls, please.