

# APPLICATION FOR APPRENTICESHIP

Fax, mail or email **completed application form and resume** to ATTN: Apprenticeships.

*Fax:* (202) 588-5262. *Mail:* The Studio Theatre Inc. 1501 Fourteenth Street NW Washington DC 20005. *Email:* apprenticeship@studiotheatre.org

## 1) YOUR INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE (Day) \_\_\_\_\_ EMAIL \_\_\_\_\_

BEST TIME TO REACH YOU (between 10:00am and 6:00pm Monday through Friday)

\_\_\_\_\_

## 2) AREA OF APPRENTICESHIP

Please indicate the apprenticeship that you are interested in.

Be sure to review all apprenticeships offered prior to completing this section.

\_\_\_\_\_

## 3) LONG TERM GOALS

Please state your long term goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4) REFERENCES

Please list three references. Letters of recommendation can be substituted for references.

NAME	TITLE	PHONE	EMAIL
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

## 5) ATTACH YOUR RESUME