

2024-2025

ALT Academy

Theatre Intern Application

(Please fill out this form and attach a letter of reference. Due to the Academy Director by August 9th)

Name: _____ Date: _____

Age: _____ School Attending: _____

Address: _____ Zip: _____

Email: _____

Phone #: home _____ cell _____

Parent/Guardian(s) Name(s): _____

Parent(s) Phone #: (If different than yours) _____

Are you currently working? (If yes, where?) _____

The Theatre Intern assists with Creative Dramatics classes (Pre K-2nd grade).

Please check the classes you are available to help with:

___ Monday 4:30-5:30pm

___ Monday 5:30-6:30pm

___ Tuesday 4:30-5:30pm

___ Tuesday 5:30-6:30pm

Please tell us why you feel you would be a great candidate for this position. You may use this space or include separate page.