

INTERNSHIP APPLICATION FORM



CONTACT INFORMATION

Name: _____ Phone Number: _____

Address: _____ Alt. Phone: _____

_____ E-mail: _____

EDUCATION

School/Institution: _____ Year of Graduation: _____

Major or Concentration: _____ Minor(s): _____

Lookingglass currently offers Internships in the following areas. You may be considered for a maximum of two positions, please indicate first and second choice below.

- | | |
|---|---|
| <input type="checkbox"/> Arts Administration | <input type="checkbox"/> Production Management |
| <input type="checkbox"/> Development | <input type="checkbox"/> Production Technical
Area: _____
(e.g. electrics, sound, stage management) |
| <input type="checkbox"/> Education & Community Programs | |
| <input type="checkbox"/> Marketing & Audience Development | |

SESSION/AVAILABILITY

I am applying for the (check one): Summer Fall Spring

My availability extends from: _____ to _____ (SPECIFIC DATES PLEASE)

With this application, please submit a cover letter, administrative resume, and two (2) references (they may be either letters or contact information). Incomplete applications will not be considered. Applicants will be contacted upon receipt of their materials. Please e-mail questions to: lfederico@lookingglasstheatre.org.

DEADLINES & MAILING INFORMATION

Applications will be accepted until all positions are filled, we will begin the application review process for individual sessions on the following dates.

Summer Internships (June – August) March 1

Fall Internships (September – December) July 15

Winter/Spring Internships (January – May) October 15

SEND ALL APPLICATIONS TO:

Internship Program
Lookingglass Theatre Company
875 N. Michigan Ave; Suite 2200
Chicago, IL 60611

