A completed application includes the following items:

- \checkmark A completed and signed Application Form
- ✓ A résumé of theatre-related experience
- \checkmark A brief, personal statement which discusses the following:
 - 1. Your long-term professional goals
 - 2. How you feel the internship program at Steppenwolf will help you achieve those goals
 - 3. Your expectations regarding the internship
 - 4. What you can contribute to Steppenwolf
- ✓ Two recommendation forms, complete with letters from individuals who can attest to your ability to fulfill the duties of the internship
- ✓ Work Samples: 5-7 pages that represent your stage management. Examples include: pages from a call script, rehearsal and performance notes or reports, run crew tracking sheets, prop lists, etc...

Positions Available:

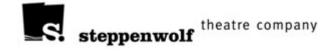
- First Look Repertory Single-Show Internship
 Downstairs Apprenticeship
 June 20thm 2006 to August 13th, 2006
 August 8th, 2006 to August 27th, 2007
- Downstairs Apprenticeship
 Upstairs Apprenticeship
 Upstairs Apprenticeship
 August 8th, 2006 to August 27th, 2007
 December 19th, 2006 to July 1st, 2007

There is a separate application non-Stage Management Apprenticeship and Summer Internships.

Important information:

- It is not necessary to submit a cover letter.
- *All pages submitted should be single-sided and not bound or stapled.*
- The Application must be postmarked by May 1st.
- We will contact you via mail within two weeks of receiving your application. Please <u>do not</u> contact us.

Submit the Application to: Internship Program Steppenwolf Theatre Company 758 West North Avenue, 4th Floor Chicago, Illinois 60610 *Questions? Contact:* Libby Ford Internship Coordinator Phone: 312.335.1888 Email: <u>internships@steppenwolf.org</u>

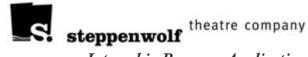




steppenwolf theatre company

Internship Program Application Stage Management APPLICATION FORM

Name			
	last	first	middle initial
Date of Birth	/ / /	/yr	
Permanent con	ntact information:		
Address			
Phone (number/street/apt no.)	city/state	zip code
Email addres	S		
Current conta	ct information (if dif	ferent from your permanent ad	ldress):
Address	number/street/apt no.		
Phone (-	city/state	zip code
Email addres	S		
Current conta	act information effe	ctive until what date?	/ /
Academic info	ormation:	m	m dy yr
-			
Graduation I	Date /		
	mm	yr	
Degree B.A./	B.F.A./etc.?	itle of major	
o Down	Look Repertory Sin nstairs Apprenticesh	Stage Management Position indicate which position(s) you an igle-Show Internship (June 2 hip (August 8 th , 2006 to Augu (December 19 th , 2006 to July Application Deadline May 1 st , *postmark date	<i>re applying to</i> 0 th , 2006 to August 13 th , 2006 1st 27 th , 2007) 7 1 st , 2007)
<u>Have you ap</u> j	plied to the program	n before? If so, when?	
<u>How did you</u>	hear about the inte	rnship program?	
Sionature			



Internship Program Application Stage Management **RECOMMENDATION FORM**

Applicant: Please fill in your name and give this form to an individual who is familiar with your work. Each applicant must include two letters of recommendation from two separate persons familiar with your work.

Name

Stage Management Positions

Please indicate which position(s) you are applying to

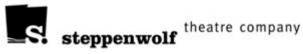
- First Look Repertory Single-Show Internship (June 20th, 2006 to August 13th, 2006)
- Downstairs Apprenticeship (August 8th, 2006 to August 27th, 2007)
 Upstairs Apprenticeship (December 19th, 2006 to July 1st, 2007)

Application Deadline May 1st, 2006 *postmark date

Recommendation Sponsor: Thank you for agreeing to submit a recommendation in support of this applicant for the Summer Internship at Steppenwolf Theatre Company. Your comments will be available only to those involved in our decision process. Please fill out the information below and submit a letter regarding the applicant's ability to fulfill the duties of the internship.

Note: Please return this form with your recommendation to the applicant. It will not be accepted if submitted separately.

Name		
last	first	middle initial
Title		
Phone ()		
F 4 11		
Email address		
Signature		



Internship Program Application Form Stage Management **RECOMMENDATION FORM**

Applicant: Please fill in your name and give this form to an individual who is familiar with your work. Each applicant must include two letters of recommendation from two separate persons familiar with your work.

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Please indicate which position(s) you are applying to

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Name			
	ist	first	middle initial
Title			
Phone ()			
Email address			
Signature			