



**DEADLINE: April 30, 2021**

**THE BLACK REP PROFESSIONAL INTERN PROGRAM APPLICATION  
2021 – 2022 SEASON  
●ADMIN●**

**Complete and return to: Professional Intern Program Review  
The Black Rep  
6662 Olive Blvd  
St. Louis, MO 63130**

**Or**

**education@theblackrep.org**

**Include your Resume, Portfolio (if applicable), and three letters of recommendation.  
PLEASE TYPE OR PRINT NEATLY IN DARK INK AND MAIL TO ADDRESS ABOVE**

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Initial)

Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s):

Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

How did you hear about the Black Rep's Intern Program? \_\_\_\_\_

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

Have you participated in other intern programs? \_\_\_\_\_. If yes, list where, when and emphasis: \_\_\_\_\_

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

**PLEASE COMPLETE THE FOLLOWING:**

1. EDUCATIONAL BACKGROUND: (Include name of High School, College, University, and/or Professional School. List any earned degrees.)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
2. UNION AFFILIATIONS: (i.e. AFTRA, SAG) \_\_\_\_\_. If yes, which one(s): \_\_\_\_\_
3. List where you received previous theatre training, such as studio, school or private study:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
4. Do you have marketing experience? \_\_\_\_\_. If yes, where and in what capacity? \_\_\_\_\_
5. Do you have any experience with development? \_\_\_\_\_. If yes, where and in what capacity? \_\_\_\_\_
6. Do you have box office experience? \_\_\_\_\_. If yes, where and in what capacity? \_\_\_\_\_
7. Do you have any teaching experience in the arts with children and/or adults? \_\_\_\_\_. If yes, describe the participants, the project(s) and nature of your involvement: \_\_\_\_\_
8. List any special skills or interests you have that relate to the area to which you are applying (i.e. sewing, welding, set construction, painting): \_\_\_\_\_

11. **HEALTH HISTORY**

a. Please provide the following information:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

b. This program is physically strenuous and involves long workdays. Do you have any condition, which would, in any way, restrict your full participation in all activities? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Are there any other health condition(s) that you feel we should know about? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. A position in the Professional Intern Program is a FULL-TIME position. The assorted obligations and levels of responsibility often involve long workdays. Outside, or secondary jobs are prohibited. Do you have any concerns about this provision? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **GOALS AND EXPECTATIONS**

Please attach a personal statement summarizing your career goals and why you are applying to The Black Rep's Professional Intern Program.

## REFERENCES

List three (3) references, including name, title, address and telephone number:

1. Someone who can speak on behalf of your *educational* background.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Someone who can speak on behalf of your *artistic, administrative or technical ability*.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Someone (not a relative) who can speak on behalf of your *character as an individual*.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*(For all applicants under 21 years old, at the time of application.)

Parent/Guardian Signature is required: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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**Note: Make a copy of this completed application to keep on hand for your files.**