

THE GAMM THEATRE

EDUCATION INTERN APPLICATION FORM



GAMM
RESIDENT
INTERN
PROGRAM

THE GAMM THEATRE
1245 JEFFERSON BLVD
WARWICK, RI 02886
TEL: 401-723-4266
GAMMTHEATRE.ORG

HOW TO APPLY:

Please mail **this application form**, your **resume**, and a **cover letter/or personal statement** to **Kate Hanson c/o Gamm Theatre** (address on left) or email to **kate@gammtheatre.org**.

NAME _____

PHONE _____

EMAIL _____

COLLEGE _____ Exp. GRAD. YEAR _____

For what Department are you interested in interning?

Education Marketing Development General Administration

What is your internship preference & availability?

Semester Academic Year Dates: _____ Hours/week: _____

How did you hear about GRIP? Please check all that apply.

Gamm Website Facebook Word of mouth Gamm eNews

Former GRIP Intern Other: _____

REFERENCES: Please list two professors or employers that can act as references for you.

NAME _____

POSITION _____

PHONE _____

EMAIL _____

NAME _____

POSITION _____

PHONE _____

EMAIL _____

TELL US ABOUT
YOURSELF

Please include the answers to the following questions in your cover letter:

What are your areas of interest?

What sort of skills can you bring to The Gamm and how can we help develop them?

What are your professional goals?