



Internship Application

Full Legal Name _____ Date of Birth ____ / ____ / ____

Date Available ____ / ____ / ____ Until ____ / ____ / ____

Drivers License Number and State _____

Mailing Address _____

City/State/Zip _____

Current Address if Different From Mailing _____

City/State/Zip _____

Home Phone Number () _____ Cell () _____

Email _____

Most Recent School Attended _____

City _____ State _____

Are you currently a student? Yes No Graduation Date ____ / ____ / ____

Major _____ GPA _____

Do you have reliable transportation? _____

Status (Circle One): Freshman Sophomore Junior Senior Graduate Other: _____

Will you receive academic credit for this internship? Yes No

Faculty Advisor _____ Advisors Phone () _____

Advisors Email _____



Letters of Recommendation

Please list the names, phone numbers, and email addresses of three people submitting letters of recommendation on your behalf:

Name	Phone Number	Email

Please email or mail the completed application packet to:

Bexar County Arts Internship | Kristin L. Beno
The Magik Theatre
420 S. Alamo
San Antonio, TX 78205
(210) 227-2753
kristin@magiktheatre.org