



Send Application to: Internships
Actors' Playhouse at the Miracle Theatre
280 Miracle Mile
Coral Gables, FL 33134
info@actorsplayhouse.org
www.actorsplayhouse.org/internships
Fax (305) 444-4181

Application for Student Internship

(Please type or print)

Name _____ D.O.B. _____
Last First M.I. MM/DD/YYYY

Current Address _____
Street City State Zip Code

Phone # _____ Email _____

Permanent Address _____
Street City State Zip Code

School Name _____ Year _____

Major(s) _____ Minor(s) _____

Internship(s) of Interest: Development Costume Shop Theatre Conservatory
 PR & Marketing Arts Administration

Days/Hours Available _____ Hours Per Week _____

Will you be seeking Academic Credit for this Internship? Yes No

If Yes, Please provide contact information for your Academic Advisor:

Name _____ Department _____

Address _____
Street City State Zip Code

Phone # _____ Email _____

Please also include the following with your signed application:

- Cover Letter
- Resume
- One letter of recommendation

I certify that the information contained in my application is true and complete to the best of my knowledge.

Signature _____ Date _____