

THE METROPOLITAN OPERA GUILD INTERNSHIP PROGRAM

APPLICATION FORM

LAST NAME:

FIRST NAME:

M.I.:

CURRENT ADDRESS

STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
CURRENT ADDRESS APPLIES UNTIL:		

PERMANENT ADDRESS

STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

I am interested in the following internship positions (check all that apply):

<input type="checkbox"/> Administration	<input type="checkbox"/> Met School Membership
<input type="checkbox"/> Assistant	<input type="checkbox"/> School Partnership Programs
<input type="checkbox"/> Development	<input type="checkbox"/> <i>Urban Voices</i> and Mannes Partnerships

I am applying for the following internship terms (check all that apply):

<input type="checkbox"/> Fall (Sept – Dec)	<input type="checkbox"/> Spring (Jan – April)	<input type="checkbox"/> Summer (May – Aug)
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I will receive academic credit for this internship.

STATEMENT & SIGNATURE:

"I have personally filled out all parts of this application and to the best of my knowledge have provided the most current and truthful information."

Name (Print)

Signature

Date

Submit this form, cover letter, resume and two letters of reference to:

INTERNSHIPS
THE METROPOLITAN OPERA GUILD
70 LINCOLN CENTER PLAZA
NEW YORK NY 10023-6593

Applications may also be faxed to 212-769-8519 or emailed to jobs@operaed.org.