



Westport Arts Center Internship Program Application

Name _____ D.O.B. _____

Permanent
Address _____

City/State _____ Zip _____

Phone (____) _____ Email Address _____

Current
Address _____

City/State _____ Zip _____

Period available for internship:

_____ Fall (Sept-Dec) _____ Spring (Jan-May) _____ Summer (June-Aug) _____ Other

College information:

Name of College _____

Address _____

City/State _____ Zip _____

Year:

_____ Sophomore _____ Junior _____ Senior _____ Masters _____ PhD Cand.

Major _____ Graduation Date _____

GPA _____

Recommendation contact:

Name and relation _____

Address _____

City/State _____ Zip _____

Phone _____ email _____



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Specify the department you are interested in and why

Indicate any specific computer and software skills:

Discuss background and experience (academic, extracurricular, and practical) you can bring to the Arts Center:

Please provide any additional experience, skills, or qualifications which you feel would be especially helpful for work at the Westport Arts Center:



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The Westport Arts Center is in compliance with all federal and state legislation and regulations regarding non-discrimination. Consistent with these principles, Westport Arts Center does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, expression and characteristics, age, religion, national or ethnic origin, visible or invisible disability, veteran status, or any other protected status.

Applicant's Signature _____ Date _____

Please submit this application with the following:

- Cover Letter
- Resume or CV
- Writing Sample or portfolio in CD form (optional)

Mail application to:
WAC Internship Program
Westport Arts Center
51 Riverside Avenue
Westport, CT 06880

Contact with Questions:

Lindsay Heffernan, Director of Education
lindsay@westportartscenter.org
(203) 222-7070