



Summer Camp

HIGH SCHOOL INTERNSHIP APPLICATION

WHO: Students entering 10th – 12th grade (2017-2018 Academic Year)

WHAT: Theater Teaching Internship

WHEN: Traditional Summer Camp: July 10 - 14, 2017, 9 AM – 3 PM Mon-Thur and until 8 PM on Friday, July 14th. (12 Interns Needed)

Summer Theater Intensive Camp: June 19 -23, 2016, 9 AM – 3 PM Mon-Thur and until 7 PM on Friday, June 23rd. (4 Interns Needed)

WHERE: Four County Players at the community center in Barboursville.

WHY: An opportunity to teach theater skills alongside professionals. There will also be an opportunity for you to perform and earn a small stipend.

REQUIRED APPLICATION MATERIALS: Students interested in applying for an internship with Four County Kids Summer camp must complete the following application in its entirety, including the personal letter and two letters of recommendation. Personal letters should include what you hope to gain from the experience and how the internship might enhance your education.

APPLICATION DEADLINES: SUBMIT COMPLETED APPLICATIONS TO: Four County Players, 5256 Governor Barbour St., Barboursville, VA 22923-0001 by **May 22nd (Theater Intensive Camp Interns) and June 19th (Traditional Summer Camp Interns)**

APPLICANT INFORMATION

First Name

Last Name

Mailing Address

City

State

Zip

Telephone (home)

Other Phone

E-Mail

High School Name

T-Shirt Size

Parent/Guardian Name Phone Number

Parent/Guardian Signature Date

How did you hear about 4CP Summer Camp? _____

PERSONAL STATEMENT

Please write a brief personal statement explaining your reasons for applying to Four County Kids Summer Camp Internship program, and what you hope to gain from the experience. Please also discuss other extracurricular activities you are currently involved in, as well as your future career or educational goals.

PLEASE ATTACH PAPER AS NECESSARY.

For further questions please contact Tres Wells, Vice President of the Arts at tresfourcp@gmail.com
Submit Completed Applications to: Four County Players | 5256 Governor Barbour St | Barboursville | 22923-0001

HIGH SCHOOL INTERNSHIP APPLICATION LETTER OF RECOMMENDATION FORM

Applicant's Name: _____

REFERENCE CONTACT INFORMATION

First Name Last Name

Title Organization/Affiliation

Mailing Address City State ZIP

Telephone (home) E-Mail

Relationship to Applicant

The recommendation should include the following information.

- ✓ the length of time and in what capacity you have known the applicant
- ✓ an assessment of the applicant's ability including: strengths, weaknesses and seriousness of purpose
- ✓ how acceptance to this program will benefit the applicant

Please feel free to attach additional paper or write the recommendation on letterhead.

Signature Date

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