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**ACTING APPRENTICE 2020 APPLICATION FORM**

Name Age

School

Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_

Street Address

City

State

Zip Code

1. Do you have local housing in Bucks County and/or the surrounding area?
2. If selected for an apprenticeship, would you be able to provide NYC housing for yourself from June 9 – June 21?
3. Please list any conflicts you have between June 5 and August 1.

1. How did you hear about the Playhouse Apprentice program?