

NEW YORK WOMEN IN FILM & TELEVISION
INTERN/MENTOR PROGRAM
Application Form

Please fill in the following information, attach your resume, and mail or fax to (212) 679-0899, Attn: Easmanie Michel, Executive Assistant.

Type or print in black ink only.

Name: _____

Address: _____

Phone #(s): _____

Email: _____ Fax: _____

Current Place of Work or Study, if any: _____

What is your current availability? _____

What do you hope you gain from an internship with NYWIFT? _____

What do you hope to learn from a Mentor? _____

What do you consider to be your strongest professional quality? _____

List any administrative/clerical skills you possess: _____

What is the first/next position(s) you hope to fill in the Film, Television, or New Media industries and why? _____

How did you hear about the Intern/Mentor program? _____

Is there anything else you would like us to know about you? _____

Please use back for additional space.

