



Chicago Arts Partnerships in Education  
203 North Wabash, Suite 1720, Chicago, IL 60601-2417

# Internship Application

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Area of interest:** \_\_\_\_\_

**Dates of desired internship: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Background (please provide a brief description of your education, interests, and skills):**

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**What do you hope to learn through your work with CAPE?**

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**What do you hope to accomplish by working with CAPE?**

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**Please describe a project you would like to do during your internship with CAPE.**

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*Please return completed form to Kelly Nespor, office manager. By mail to Chicago Arts Partnerships in Education, 203 N. Wabash, Ste 1720, Chicago, IL 60601, fax 312-870-9147, or email [knespor@capeweb.org](mailto:knespor@capeweb.org).*