New Stage Theatre 2025 - 2026 Acting Associate Application

Name:				
Address:				
City:	State:		Zip:	
Primary Phone No: _	A	alt. Phone No)	
Email Address:				
Please answer t	he following ques	tions briefly	. Attach additiona	l pages if necessary.
What is it about the N hope to gain from the educational apprentic	e program? Describe	-		terests you? What do you an ensemble and this
Discuss a theatrical c	hallenge or disappoi	ntment that y	ou have experienced	l. How did you handle it?
Diaguaga vayar mamana	t of greatest the estric	ol twiyyoob		
Discuss your moment	of greatest theatric	ai triumpii.		
References				
				ation from people who s your headshot and
Reference Name	Relationship/O	ccupation	Telephone Number	Email Address
1.				
2.				
3.				

Mail or email application to: Xerron Mingo, Education Director New Stage Theatre 1100 Carlisle Street Jackson, MS 39202 xmingo@newstagetheatre.com

