

HARKNESS CENTER FOR DANCE INJURIES - INTERNSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

E-mail:

Current address (inc ZIP/Postal Code):

Undergraduate Institution:

Degree program:

Year of graduation:

Graduate Institution (if applicable):

Degree program:

Year of graduation:

ADDITIONAL INFORMATION

Additional degrees or certifications:

Date earned:

DANCE BACKGROUND

Types of dance studied:

Dance schools, studios or companies:

Dates:

Any additional information regarding dance background:

CAREER ASPIRATIONS

Please describe career aspirations you have, and how an internship at HCDI may assist these aspirations:

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GOALS OF THE INTERNSHIP

Please let us know your goals while interning at HCDI:

Dates available:

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REFERENCES (please provide 2 written letters of reference)

Name	Address	Phone
1)		
2)		
3)		

SIGNATURE

I confirm that the above information is correct and true, and that I have included all requested information.

Signature of applicant:

Date:

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CHECKLIST

Please check that you have included:

Copy of unofficial transcripts of university education to date, including modules/classes taken so far	
Names and addresses of 3 references and 2 written letters of reference (can be sent under separate cover)	
Copies of certificates for additional qualifications	
A current Curriculum Vitae	

Please return completed applications to:

Harkness Center For Dance Injuries
 NYU Hospital for Joint Diseases
 Attn: Megan Richardson
 301 East 17th Street
 New York, NY 10003
 harkness@nyumc.org