

BBP GEM Inc.

Our Mission Is To Give, Educate, & Mentor

INTERNSHIP PROGRAM

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

RECOMMENDED BY: _____

GPA: _____

AREAS OF INTEREST:

___ FILM PRODUCTION ___ STAGE PRODUCTION ___ WARDROBE

___ MAKEUP ___ MUSIC PRODUCTION ___ ADMINISTRATION

___ OTHER _____

WHAT HIGH SCHOOL DO YOU ATTEND / YEAR OF GRADUATION?

TO WHICH COLLEGES OR UNIVERSITIES DO YOU REGULARLY PARTICIPATE?

IN WHAT COMMUNITY SERVICE PROJECTS DO YOU PARTICIPATE?

VIDEO SUBMISSION: RECORD A 60 SECOND VIDEO INTRODUCING YOURSELF PERSONALLY AND PROFESSIONALLY. EXPLAIN WHY YOU WOULD LIKE TO PARTICIPATE IN THIS INTERNSHIP.

