

Steppenwolf Theatre Company
Professional Leadership Programs
The African American Fellowship (2009 – 2011)
APPLICATION

Complete this application and send it to Steppenwolf Theatre Company together with all other application materials. A different application is required for candidates applying for The Apprenticeship or The Summer Internship. Those applications can be found at www.steppenwolf.org/work.

A completed application includes the following items:

- A completed Application Form
- Cover letter
- A Resume or Curriculum Vitae documenting your administrative or artistic experiences
- Two letters of Recommendation (must be submitted on original letterhead)
- Personal Statement

OTHER IMPORTANT APPLICATION INFORMATION

All applications will go through a preliminary screening process to determine the final candidates. **Final candidates will be asked to interview in March and April of 2009.** Candidates who do not live locally are encouraged to visit both Chicago and Steppenwolf when interviewing. Phone interviews are available.

All pages submitted should be single-sided and not bound or stapled.

The Application must be postmarked by **February 15, 2009.**

The Fellowship runs from **August 31, 2009 to August 26, 2011.** Exact start and end dates are flexible.

We will contact you via mail within two weeks of receiving your application. We will not respond to unsolicited calls and e-mails.

Submit the Application to:

The African American Fellowship
Steppenwolf Theatre Company
758 West North Avenue, 4th Floor
Chicago, Illinois 60610

Questions? Contact:

Phone: 312.654.5699
Email: leadership@steppenwolf.org

steppenwolf

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INIT.			
	/ /	MALE	FEMALE		
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER (CIRCLE ONE)			

PERMANENT ADDRESS

NUMBER AND STREET			APT #		
CITY		STATE	ZIP		
HOME PHONE (AREA CODE AND #)		ALT. PHONE (AREA CODE, AND #, AND EXT.)			
E-MAIL ADDRESS					

CURRENT CONTACT INFORMATION (IF DIFFERENT FROM YOUR PERMANENT ADDRESS)

NUMBER AND STREET			APT #		
CITY		STATE	ZIP		
HOME PHONE (AREA CODE AND #)		ALT. PHONE (AREA CODE, AND #, AND EXT.)			
E-MAIL ADDRESS					

/ /

CURRENT CONTACT INFORMATION IS EFFECTIVE UNTIL

ACADEMIC INFORMATION

ALL FELLOWS MUST HOLD A COMPLETED BACCALAUREATE DEGREE, OR HAVE DEMONSTRATED AN EQUIVALENT OF PROFESSIONAL EXPERIENCE. IF YOU HAVE NOT COMPLETED A BACCALAUREATE DEGREE, PLEASE SKIP THIS SECTION AND ATTACH YOUR MOST CURRENT PROFESSIONAL RESUME.

NAME OF COLLEGE / UNIVERSITY		DATES ATTENDED	
DEGREE EARNED	TITLE OF MAJOR		



The African American Fellowship
2009-2011
APPLICATION FORM

THE AFRICAN-AMERICAN FELLOWSHIP IS A TWO-YEAR PROGRAM SUBDIVIDED INTO TWO, DISTINCT EXPERIENCES. DURING THE FIRST YEAR, EACH FELLOW WILL BE REQUIRED TO CYCLE THROUGH THE APPRENTICESHIP AND THE SUMMER INTERNSHIP.

DURING YEAR ONE, FELLOWS WILL BE ASSIGNED TO ONE OF THE ADMINISTRATIVE DEPARMENTS LISTED BELOW. PLEASE INDICATE YOUR DEPARTMENT PREFERENCE BY RANKING THE FOLLOWING POSITIONS 1 THROUGH 3.

FOR MORE INFORMATION ON THESE PROGRAMS AND POSITION DESCRIPTIONS, PLEASE VISIT WWW.STEPPENWOLF.ORG/WORK.

DEPARTMENT PREFERENCES (RANK 1 THROUGH 3)

RANKING

	DEVELOPMENT/FUNDRAISING
	MARKETING/PUBLICITY
	THEATRE MANAGEMENT

PERSONAL STATEMENT

PLEASE ATTACH A SHORT PERSONAL STATEMENT ABOUT YOURSELF DESCRIBING THE EXPERIENCES AND INFLUENCES THAT HAVE CONTRIBUTED TO YOUR PERSONAL GROWTH. IN ADDITION, PLEASE ADDRESS THE FOLLOWING TOPICS:

- YOUR LONG TERM PROFESSIONAL GOALS
- HOW YOU FEEL YOU WILL BE BENEFITED BY THE PROGRAM
- HOW YOU FEEL ABOUT WORKING AND LIVING IN CHICAGO
- ANY UNIQUE CONTRIBUTION YOU WILL BRING TO STEPPENWOLF THEATRE COMPANY



The African American Fellowship
2009-2011
PERSONAL STATEMENT

THE FOLLOWING INFORMATION IS REQUESTED SO THAT STEPPENWOLF THEATRE COMPANY CAN DEMONSTRATE ITS COMPLIANCE WITH FEDERAL AND INTERNAL HIRING STANDARDS. YOUR RESPONSE IS VOLUNTARY AND WILL IN NO WAY AFFECT YOUR APPLICATION.

HOW DID YOU HEAR ABOUT THIS PROGRAM?	
IS ENGLISH YOUR PRIMARY LANGUAGE? YES NO	IF "NO" WHAT IS YOUR PRIMARY LANGUAGE?
WAS ENGLISH THE PRIMARY LANGUAGE SPOKEN IN YOUR CHILDHOOD HOME? (CIRCLE ONE) YES NO	IF "NO" WHAT WAS THE PRIMARY LANGUAGE?
DO YOU CLASSIFY YOUR CHILDHOOD HOUSEHOLD AS UPPER, MIDDLE OR LOWER CLASS? (CIRCLE ONE) UPPER-CLASS MIDDLE-CLASS LOWER-CLASS	

PLEASE CHECK OR FILL IN THE BOX THAT BEST APPLIES TO YOU:

<input type="checkbox"/>	AMERICAN INDIAN	<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/>	BLACK, NON HISPANIC
<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>	WHITE, NON HISPANIC	<input type="checkbox"/>	UNDECLARED
<input type="checkbox"/>	OTHER:				

<p>THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS NOT VALID IF INFORMATION IS WITHHELD OR MISREPRESENTED. I FURTHER REALIZE THAT IF I AM HIRED, STEPPENWOLF THEATRE COMPANY RESERVES THE RIGHT TO CANCEL MY EMPLOYMENT IF ANY PART OF MY APPLICATION IS DISCOVERED TO BE FRAUDULENT.</p>	
<p>_____ SIGNATURE</p>	<p>_____ DATE</p>

STEPPEWOLF THEATRE COMPANY IS COMMITTED TO A POLICY OF NON-DISCRIMINATION. STEPPENWOLF THEATRE COMPANY DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, GENDER, SEXUAL HARASSMENT, SEXUAL ORIENTAION, SEXUAL IDENTITY, MARITAL STATUS, UNFAVORABLE DISCHARGE FROM THE MILITARY, HANDICAP, OR DISABIITY IN ITS HIRING PRACTICES, PROGRAMS, AND ACTIVITIES.



The African American Fellowship
2009-2011
RECOMMENDATION FORM

APPLICANT NAME

RECOMMENDER'S NAME

RECOMMENDER'S PHONE

BRIEFLY DESCRIBE THE RECOMMENDER'S RELATIONSHIP TO YOU

WAIVER OF ACCESS

I HEREBY WAIVE MY RIGHT OF ACCESS (GRANTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974) TO THIS CONFIDENTIAL RECOMMENDATION, PROVIDED THAT IT IS USED SOLELY WITH RESPECT TO MY APPLICATION FOR STEPPENWOLF THEATRE COMPANY'S PROFESSIONAL LEADERSHIP PROGRAMS.

APPLICANT SIGNATURE

DATE

TO THE RECCOMENDER

THANK YOU FOR AGREEING TO WRITE A LETTER OF RECOMMENDATION FOR THE PERSON NAMED ABOVE. YOUR RECOMMENDATION WILL ASSIST US IN HIRING THE APPROPRIATE CANDIDATE FOR STEPPENWOLF'S PROFESSIONAL LEADERSHIP PROGRAMS.

PLEASE WRITE A LETTER OF TWO OR THREE PARAGRAPHS USING YOUR OWN LETTERHEAD AND ADDRESS IT, "DEAR SELECTION COMMITTEE." SIGN AND RETURN IT TO THE APPLICANT WITH THIS SIGNED RECOMMENDATION FORM.

IT IS NOT NECESSARY TO LIST ALL THE STUDENT'S EXTRACURRICULAR ACTIVITIES, OR TO SUMMARIZE HIS OR HER RESUME. YOUR QUALITATIVE DESCRIPTION OF THE STUDENT IS THE MOST VALUABLE INFORMATION YOU CAN GIVE.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (312) 654.5699 OR E-MAIL LEADERSHIP@STEPPENWOLF.ORG

WE THANK YOU FOR ASSISTING THIS APPLICANT IN THE APPLICATION PROCESS.

RECOMMENDER'S SIGNATURE

DATE

APPLICANT NAME

RECOMMENDER'S NAME

RECOMMENDER'S PHONE

BRIEFLY DESCRIBE THE RECOMMENDER'S RELATIONSHIP TO YOU

WAIVER OF ACCESS

I HEREBY WAIVE MY RIGHT OF ACCESS (GRANTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974) TO THIS CONFIDENTIAL RECOMMENDATION, PROVIDED THAT IT IS USED SOLELY WITH RESPECT TO MY APPLICATION FOR STEPPENWOLF THEATRE COMPANY'S PROFESSIONAL LEADERSHIP PROGRAMS.

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