



S T U D I O S

## 2008 Lighting Apprentice Program

### Application Form

Your Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Apartment #  
\_\_\_\_\_  
City State/Province  
\_\_\_\_\_  
Country Zip/Postal Code

Phone#: (\_\_\_\_) \_\_\_\_\_  
Area Code

E-Mail Address: \_\_\_\_\_

#### Questions:

1. Submission Deadline Date? \_\_\_\_\_ Program Start Date? \_\_\_\_\_
2. Why does this program interest you?
  
3. Tell us about your problem solving abilities?
  
4. What strengths do you bring to a team?
  
5. What are your short and long-term career goals?
  
6. On a scale of 1 to 5 with 5 as the highest rating, how do you rate your knowledge of UNIX/LINUX?