

Internship Application

Are you applying for a specific internship? _____ If yes, which one? _____
YES / NO

Name: _____
FIRST LAST MI

Address: _____
STREET APT # CITY STATE ZIP

Preferred Phone: _____ Preferred Email: _____

Education:

UNDERGRADUATE COLLEGE / UNIVERSITY EXPECTED GRADUATION / DATE GRADUATED

MAJOR MINOR

GRADUATE UNIVERSITY EXPECTED GRADUATION / DATE GRADUATED

PROGRAM FOCUS

Will you be receiving academic credit for this internship? _____ YES _____ NO

If yes, for which academic semester? _____

What area(s) of the Museum are you interested in working? _____

What special skills or experiences will you bring as an intern? (Computer, languages, artistic, etc...)

Why are you interested in becoming an intern at the Bechtler Museum of Modern Art?

(Please continue on back if necessary.)

Please list the days and hours you will be available (i.e. MWF 2-5pm). _____

Please list two references (other than family members):

NAME RELATION PHONE

NAME RELATION PHONE

Emergency Contact: _____
NAME RELATION PHONE