

INTERNSHIP APPLICATION

Please select th	e internship you are applyin	g for:		
Executive _	Collections & Curatorial _	Education _	Special Events	Museum Store
Name:				
Address:				
Phone:		Email: _	_	_
Education:				
Expected Gradu	uation/Date Graduated:			
Major:		Minor: _		
Program:		Focus: _		
AA/L: L L				
Which academic semester and year you applying for?				
What special sk	ills or experiences will you b	oring as an inte	ern? (Computer, langu	lages, artistic, etc.)
Why are you in	terested in becoming an inte	ern at the Bech	ntler Museum of Mo	odern Art?
Please list the d	lays you are available (i.e. MW	/F 2-5pm)		
Please list two r	references (other than family	y members):		
Name:				
Relation:				
Phone:	<u> </u>			
Name:				
Relation:				
Phone:				
Emergency Cor	ntact Name:			
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