



## Internship Application

Name:  Date:

Email:  Phone:

College:

Major/Course of Study:

Please specify which internship session your applying for:

☐ Spring ☐ Summer ☐ Fall

How many credit hours will you be receiving for your internship:

Is this an hourly or project based internship:

What are your hourly requirement:

Start date:  End date:

Professor contact name:

Email:  Phone:

Please indicate your primary areas of interest. (Select all that apply with an "X")

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting             | <input type="checkbox"/> Historical Structures       |
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Horticulture                |
| <input type="checkbox"/> Curatorial/Collections | <input type="checkbox"/> Maintenance & Facilities    |
| <input type="checkbox"/> Development            | <input type="checkbox"/> Marketing                   |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Rentals/Wedding Planning    |
| <input type="checkbox"/> Guest Services         | <input type="checkbox"/> Public Programs             |
| <input type="checkbox"/> Tour Services          | <input type="checkbox"/> Other: <input type="text"/> |

What do you expect to gain from this internship: