

**Georgia Museum of Art
Internship Application**

Please print clearly

Name _____

Email address _____

Major _____

Class Standing (circle one)* 3rd year 4th year Grad student Other
*1st and 2nd year students are not eligible to participate in internship program

Semester and year of desired internship: _____

Local address _____

City, State, Zip _____

Phone _____

Permanent address _____

City, State, Zip _____

Phone _____

Reference

Name _____

Phone _____ Organization _____

Relationship _____ Length of time known _____

To what department are you applying? _____

Why does an internship in this department interest you? (use back of page if necessary) _____

How will an internship at the Georgia Museum of Art help you achieve your future goals? (use back of page if necessary) _____

Return this application with a copy of your résumé to
Georgia Museum of Art
Attn: Carissa DiCindio
90 Carlton Street
Athens, GA 30602
(706) 542-4662
www.georgiamuseum.org