Artpark Internship Application
2009

Last Name _____ Middle initial _____ First Name _____

M___F ___ Date of Birth _____

School/ University _____ Course Major/Minor _____

Home Address _____

Phone _____
Email _____

Contact in case of emergency: Name:
Phone:

How did you learn about Artpark?

What areas / experience do you wish to gain from this internship?

_____

Internship time frame: (Month(s)) _____

Date available to begin: _____

Days & Hours available for internship:

Contact /Professor @ your college: _____

I have transportation: Yes No