

The
CHARLOTTE MUSEUM
of HISTORY



WHERE HISTORY HAS A HOME

Collegiate Internship Application

Personal Information

Name: _____

Birth date: _____ Email Address: _____

I prefer to be contact by: _____ Phone _____ Email

Local Address: (Street Number) _____

(City, State, Zip) _____

(Phone) _____

(Email) _____

Permanent Add: (Street Number) _____

(City, State, Zip) _____

(Phone) _____

Emergency Contacts:

Name _____

Number _____ Relationship _____

Academic Information

College/University: _____

Current Academic Status: _____

Ma Degree(s) Expected & Completion Date: _____

Will You Receive Academic Credit for Internship? _____

Degree Expected and Completion Date: _____

Internship Information

Proposed Activity/Intern Position:

Calendar: (Indicate start/end dates, anticipated work hours and days)

Work Experience: (brief description or attach resume)

How will this internship relate to your career goals?

How did you hear about the internship program at CMH?

Please return to: Brandie N. Macdonald

Either by email: Brandie.macdonald@charlottemuseum.org

or by mail:

THE CHARLOTTE MUSEUM OF HISTORY, INC
3500 SHAMROCK DRIVE CHARLOTTE, NORTH CAROLINA 28215
704.568.1774 phone 704.566.1817 fax

FOR OFFICE USE ONLY:

DEPARTMENT: _____ FIRST INTERVIEW DATE: _____

SECOND INTERVIEW DATE: _____ START DATE: _____