



Date:
Name:
Address:
Email Address:
Phone Number:
School:
Are you requesting that your college grant you credit hours for your internship? If yes, how many hours are required?
Dates available to perform internship:
Hours / schedule: W Th F Sa Su Time: _____ Total Hours: _____

Education	Name & Location	Degree & Date	Major & Level	GPA
High School				
College				

Why would you like to work at Buckham Gallery as an intern?

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Name: _____ Date: _____