



## INTERNSHIP APPLICATION

Internships are available only for students enrolled in Niagara University's AHM Program.

Please type or print clearly, and mail with other application materials to:

Internship Program, Castellani Art Museum, P.O. Box 1938, Niagara University, NY 14109.

Today's date: \_\_\_\_\_ Session: \_\_\_ Fall Semester \_\_\_ Spring Semester

Days of availability: \_\_\_\_\_

### Contact information:

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Niagara University Education:

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

**High School** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Other institutions attended and degrees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors, Extra-curricular Activities, and Interests**

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**Relevant Coursework**

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**Language Skills**

- 1. Language \_\_\_\_\_ Ability: \_\_\_ Reading \_\_\_ Writing \_\_\_ Speaking
- 2. Language \_\_\_\_\_ Ability: \_\_\_ Reading \_\_\_ Writing \_\_\_ Speaking

**Work experience (paid or unpaid)**

Organization 1 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Position held and description of duties

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Organization 2 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Position held and description of duties

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Relevant skills (including computer experience)

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**Please provide two academic references**

**Send all completed application materials to:**

Internship program  
Castellani Art Museum  
P.O. Box 1938  
Niagara University, NY 14109

For more information, please call (716) 286-8293 or email Kate Koperski at [kjk@niagara.edu](mailto:kjk@niagara.edu)