



ALLENTOWN ART MUSEUM

Internship Application

Name: _____
Last First Middle

Address: _____

City State Zip Code

Phone Number: _____ Email: _____

College/University: _____ Graduating Year: _____

Major: _____
Minor if applicable

Availability:

Start Date: _____ End Date: _____

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Weekend: _____

Area of Interest (Please rate your top 3 departments you would like to work with by writing "1", "2", or "3" next to the department, with 1 being MOST interested)

__Curatorial __Public Engagement __Collection Management

__Development __Marketing __Executive Administration