

DIVERSITY INTERNSHIP APPLICATION

Name			
City	State	Zip	
Daytime phone	F	Evening phone	
Email			
Emergency contact			
Relationship	Phon	ne (day)	
Name of school currently a	attending		
School address (if differen	t from above)		
	nan □ Sophomore □ Juni	or □ Senior □ Graduate-level	
Do you plan to receive cre			
How did you find out abou	_		
What are your areas of inte			

Why do you think you should be accepted for t	his internship program and what do you hope to
gain from this experience?	
Do you have any special interests, hobbies, or s	kills?
Please provide any additional information you	wish to be considered in judging this internship
application.	
Applicant Signature	- Date

In addition to this completed application, internship candidates must submit:

- A current college transcript (this does not need to be official)
- A letter explaining why you wish to be considered for the Diversity Internship Program, what you hope to learn, and what contributions you can make to the museum
- Your resume
- At least two letters of recommendation from faculty sponsors
- Application deadline: March 31st

Note that selected candidates must complete a pre-employment drug screen and background check.

Completed application packets may be mailed to:

Lauren Rothfuss

Director of Human Resources The Strong One Manhattan Square Rochester, NY 14607 585-410-6350

email: lrothfuss@museumofplay.org