

Internship Program Application

Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Current School (if applicable) _____

Location of Current School _____

Major/Minor/Concentration _____

Level at Current School _____

Expected Degree _____

G.P.A. _____ Graduation Date _____

Previous School (if applicable) _____

Location of Previous School _____

Major/Minor/Concentration _____

Awarded Degree _____

G.P.A. _____ Graduation Date _____

Relevant Course Work _____

Relevant Research Projects _____

Relevant Community/Volunteer Activities _____

Current/Previous Employer _____

Location of Current/Previous Employer _____

Job Title and Duties _____

Dates Worked at Current/Previous Employer _____

Name of Previous Employer _____

Location of Previous Employer _____

Job Title and Duties _____

Dates Worked at Previous Employer _____

Office Skills _____

Computer Skills _____

Language Skills _____

Art Handling Skills _____

Other Relevant Skills _____

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Application Deadlines (check one)

Fall / July 1

Spring / November 15

Summer / April 1

Please check the internship(s) that you are interested in:

Group I Rotation

Contemporary Curation

Viewing Program for emerging artists

Education

Operations

Group II Rotation

Historical Curation

Registration

Publications

Development

Public Relations & Marketing

Internship Program Application

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Please explain why you are interested in interning at The Drawing Center. Why you selected one of the two departmental grouping(s). What you hope to gain from internship and would plan to contribute to The Drawing Center. (Please use the allotted space below, do not attach a separate sheet.)

Professional References

Name _____

Relationship _____ Telephone _____

Name _____

Relationship _____ Telephone _____

Would you be able to visit The Drawing Center for an in-person interview? Yes No

You would (check one):

Receive academic credit through your school for this internship

Volunteer your time for this internship

How many hours each week would you like to work? _____

Note: 15 hours each week are required

Which days and hours are you available to work? _____

Note: The Drawing Center is open Monday–Friday 10am–6pm and Saturday 11am–6pm

Which days and hours would you not be available to work? _____

When would you be interested in beginning this internship? _____

When would you be interested in ending this internship? _____

How did you learn about The Drawing Center's Internship Program?

Please return your completed application with your resume to:

Education Coordinator
The Drawing Center
35 Wooster Street
New York, NY 10013

Tel 212 219 2166 x205
Fax 212 966 2976

For further information please visit
www.drawingcenter.org