



GLESSNER
HOUSE
MUSEUM

INTERN APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

SCHOOL: _____

PROGRAM: _____

____ UNDERGRADUATE ____ GRADUATE EXPECTED GRADUATION DATE: _____

DEPARTMENT OF INTEREST (PLEASE CIRCLE ONE):

____ ADMINISTRATIVE ____ CURATORIAL ____ EDUCATION

DAYS AVAILABLE: M T W TH F SA SU

HOURS NEEDED: _____

HOW DID YOU HEAR ABOUT GLESSNER HOUSE?

WHY ARE YOU INTERESTED IN WORKING HERE?

WHAT ARE YOUR FUTURE CAREER GOALS?

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN TO:
GLESSNER HOUSE MUSEUM, ATTN: BILL TYRE
1800 S. PRAIRIE AVENUE, CHICAGO, IL 60616
FAX 312.326.1397