



# FLORIDA ARTS, INC.

## Intern Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

College/University: \_\_\_\_\_

1. Description of desired internship project: \_\_\_\_\_

\_\_\_\_\_

2. Please list qualifications and related experience.

Visual Arts (courses/exhibitions): \_\_\_\_\_

\_\_\_\_\_

Languages: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

3. Please supply any additional information that you feel is relevant: \_\_\_\_\_

\_\_\_\_\_

4. Will your internship be for university credit?      Yes      No

4a. If 'yes', please supply the following information:

University Contact: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4b. Are there any specific college/university requirements that must be met during this internship? \_\_\_\_\_

\_\_\_\_\_

5. Please circle the time of year during which you would like to have your internship:    Spring    Summer    Fall    Winter    Other: \_\_\_\_\_

6. How many hours per week will you be available: \_\_\_\_\_

7. Person to contact in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please return this form with a resume and short writing sample to:

Sidney Davis Arts Center  
P.O. Box 1562  
Fort Myers, FL 33902  
FAX: 239-245-8566