Pennsylvania Historical & Museum Commission
Internship Program Application

( ) Keystone Unpaid Summer Internship and/or ( ) Fall/Spring Semester Unpaid Internship

NAME

_____

Last First Middle

PERMANENT ADDRESS

_____
Number & Street

_____
City State Zip

_____ _____
Telephone Number (home) E-mail Address

_____ _____
Telephone Number (cell, other) Date of Application

COLLEGE INFORMATION

_____
College Name

_____
Your College Address Number and Street (if different from permanent address)

_____
City State Zip

_____ _____
Year in School Anticipated Graduation Date

_____ _____ _____
Major Degree Sought GPA

_____
College you will be attending after Internship

_____
When are you available for interviews?

Are you planning to Earn Credit for Your Internship ☐ Yes ☐ No

_____ _____
If so, name of your supervising faculty member E-mail

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PROGRAM AREAS

What PHMC program areas (examples-- Archives, Archaeology, Architecture, Collections Management, Exhibit Design, Historic Sites/ Museums, Historic Preservation, Policy/Programming/Administration, Research) are of most interest to you?

1._____

2._____

3._____

If these choices are unavailable, are you willing to work in another program? ☐ Yes ☐ No

List your preferences for where you wish to serve your internship—Harrisburg or specific museums or historic sites

1._____

2._____

3._____

Are you wiling to accept any placement location? ☐ Yes ☐ No

SCHEDULING

The Keystone Unpaid Summer Internship program begins Monday May 19th and continues to Friday August 8th, 2014.

Deadline to submit application and paperwork is Friday February 14th 2014.

Are you available to work all of these 12 weeks? ☐ Yes ☐ No

If no, when would you **NOT** be available? _____

How many hours or days per week will you work? _____

If you are applying for the Fall/Spring Semester Unpaid Internship Program, what weeks are you available?

_____

How many days or hours per week will you work? _____

OTHER

Tell us how you found out about the PHMC Internship Program: _____

SIGNATURES

_____	_____
Applicant Signature	Date
_____	_____
Faculty Signature	Date
_____	_____
Faculty Name & Title	E-mail

NOTE: The signature of a faculty member verifies that the applicant is a student in good standing. If the applicant **plans to earn credit** for the internship, the supervising faculty must sign to indicate his/her willingness to supervise the internship. If the student **does not plan to earn credit**, the faculty advisor or other member of the student's major department may sign. If your school program has intern guidelines, please attach a copy.

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Questions or comments should be directed to: ra-phmcinterns@state.pa.us

APPLICATION CHECK LIST

Materials sent by applicant to PHMC:
(Submit **TWO** copies of each)

	Application Form
	Essay
	Most Recent Transcript
	Current Resume
	Letter of Recommendation

Materials sent by Faculty to PHMC:
(Submit **ONE** copy only)

Application deadline is **Friday February 14th 2014**

Please return completed form and all support documentation to:
Internship Program,
Pennsylvania Historical & Museum Commission,
300 North Street, Harrisburg, PA 17120-0024

Or Email to: ra-phmcinterns@state.pa.us

Deadline for submission is Friday February 14th 2014