

==== CHARLESTON ====

GAILLARD

==== CENTER ====

INTERNSHIP APPLICATION

Student Information

Name: _____ Date: _____

Email Address: _____ Phone Number: _____

College/University: _____

Graduation Year: _____ Major/Minor: _____

Areas of Interest

Semester Desired: _____

Would this Internship be used for Academic Credit? _____

Which Internship Position are You Applying For?

(If applying for more than one position, please indicate preference. 1 being most interested.)

Development

Marketing

Production

Ticketing

Weekly Availability

Are You Currently Employed or Taking Classes? _____

Please List General Availability

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____

Please send this application, resume and cover letter to the department contact, designated on the Internship Description. Applications will be reviewed on a rolling basis and applicants will be notified if selected for interview. Please no phone calls.