

Kai's Memorial Internship Fundat the Schiele Museum of Natural History
Application Form

Complete this form and return to the museum and your faculty advisor or teacher.

Name _____ Senior _____ Graduate _____

Address _____ Telephone _____

Department of interest: _____

Field of study: _____

List 4 current or past courses related to your field of study and grades received:

1. _____

2. _____

3. _____

4. _____

Courses taken in other departments or life experience applicable to the internship:

Brief description of the accomplishments the student hopes to make:

Brief description of the benefits to the museum the student hopes to make:

Year of proposed internship _____

Faculty Advisor or Teacher _____

Parent or Guardian _____