



Date \_\_\_\_\_

## Intern Application Form

The Abraham Lincoln Presidential Library and Museum is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, or disability.

I am applying for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Areas of Interest

*Please indicate which department(s) and/or area(s) of the Museum or Library you are most interested in:*

\_\_\_\_\_

I am interested in being considered for special projects: Yes \_\_\_\_\_ No \_\_\_\_\_

### Education

Name and location of school: \_\_\_\_\_

Advisor's Name and Contact Information \_\_\_\_\_

I hope to receive college credit for this internship: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates attended: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Major Subjects Studied: \_\_\_\_\_

Graduate?: Yes \_\_\_\_\_ No \_\_\_\_\_ Degree Received: \_\_\_\_\_

Additional relevant courses or studies: \_\_\_\_\_

\_\_\_\_\_

Dates available: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Number of hours available per week: \_\_\_\_\_

Number & days available per week (incl. weekends): \_\_\_\_\_

I certify that all the information submitted by me on this application and the accompanying documents is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am an intern at the Abraham Lincoln Presidential Library and Museum, my internship may be terminated at any time. In consideration of my internship, I agree to conform to the Abraham Lincoln Presidential Library and Museum's rules and regulations. I understand that this internship is non-paid.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I endorse this application for an internship at the ALPLM.

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_