



# THE JOSEPH SAXTON GALLERY OF PHOTOGRAPHY

## STUDENT INTERNSHIP APPLICATION

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE (DAY): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (EVENING/CELL): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED: \_\_\_\_\_

NAME OF UNIVERSITY YOU ATTEND CURRENTLY: \_\_\_\_\_

NAME OF YOUR MAJOR/AREA OF FOCUS: \_\_\_\_\_

### QUESTIONS:

(PLEASE FEEL FREE TO INCLUDE ADDITIONAL PAGES WITH MORE INFORMATION, A COVER LETTER, OR A CV/RESUME)

PLEASE DESCRIBE WHY YOU THINK YOU DESERVE TO AN INTERNSHIP AT THE JOSEPH SAXTON GALLERY OF PHOTOGRAPHY; WHAT SKILLS DO YOU POSESS THAT PUT YOU AHEAD OF YOUR CLASSMATES, WHAT DO YOU HAVE TO GAIN BY WORKING HERE, WHAT WILL YOU DO WITH THE SKILLS YOU LEARN? \_\_\_\_\_

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PLEASE DESCRIBE ONE OF YOUR PROUDEST ACHIEVEMENTS, WHAT YOU DID TO EARN IT, AND WHAT IT HAS MEANT TO YOU: \_\_\_\_\_

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PLEASE DESCRIBE ONE OF YOUR CURRENT GOALS AND WHEN/HOW YOU EXPECT TO ACHIEVE IT:

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WHERE DO YOU EXPECT TO BE IN TEN YEARS?

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PLEASE INCLUDE AT LEAST TWO LETTERS OF RECOMMENDATION. REFERALLS MAY BE FURNISHED BY TEACHERS OR STAFF FROM ANY SCHOOL YOU'VE ATTENDED, EMPLOYERS OR MANAGERS, OR MENTORS. REFERALLS MAY NOT BE FURNISHED BY FAMILY MEMBERS OR NON-PROFESSIONAL CONTACTS.

PLEASE RETURN TO:

SARAH ZUCKER, INTERIM CURATOR  
JOSEPH SAXTON GALLERY OF PHOTOGRAPHY  
520 CLEVELAND AVE. NW  
CANTON, OHIO 44702