



75 Greenmanville Avenue
PO Box 6000
Mystic, CT 06355
860.572.0711

APPLICATION FORM
Museum Studies Internship Program Summer 2017

Date _____

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ E-Mail _____

College/University

Year and Major

Related Course Work

Museum Experience

Other Related Experience

Have you volunteered or worked for Mystic Seaport before? Doing what?

Career Goals? _____

How did you hear about this program? _____

Areas of Interest at Mystic Seaport (please circle three):

Historic Preservation

Exhibits

Museum Education

Website Work

Interpretation

Marketing and Communications

Research

Membership

Collections Management

Shipyard

Sailing

Fundraising

This application form must be accompanied by a cover letter, resumé, and two letters of recommendation.

Applications and accompanying materials can be mailed or e-mailed to:

Barbara Jarnagin
ATTN: Internship Program
Education Department
Mystic Seaport
75 Greenmanville Avenue
P.O. Box 6000
Mystic, CT 06355-0990

Barbara.jarnagin@mysticseaport.org