



Application for College Internship  
at  
Old Sturbridge Village

Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

Home Address \_\_\_\_\_  
Street City State Zip

School Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M F E-Mail Address \_\_\_\_\_

College or University \_\_\_\_\_ Current Year \_\_\_\_\_  
Freshman, Sophomore, Junior

Major \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applying for Internship in which department? \_\_\_\_\_

**Applicant Statement**

On an attached typewritten sheet not to exceed 500 words please provide a statement of why you wish to participate in the Old Sturbridge Village College Intern Program and why you feel this internship will be beneficial to you.

**Related Skills and Activities:**

Please list specific activities or projects you have completed that reflect skills or experience you feel will assist your work at OSV.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

**Teacher From Your Major Recommendation: (Submit on separate sheet)**

Please indicate the interest, enthusiasm and ability of applicant towards the area of study that he or she is interning in. Do you think he or she would work well in a living history museum environment?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Advisor or Other Faculty Recommendation: (Submit on separate sheet)**

Please indicate the general abilities of this applicant relative to his or her activities and academic achievements. Include any skills or traits you believe make this student a strong candidate to participate in the Old Sturbridge Village Internship program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**How Did You Find Out About This Internship?**

\_\_\_\_ Professor/Faculty

\_\_\_\_ A Friend or Sibling

\_\_\_\_ O.S.V. website

\_\_\_\_ Previous Intern (Name: \_\_\_\_\_)

\_\_\_\_ Former Teacher

\_\_\_\_ Other: \_\_\_\_\_

**Signature of Applicant**

I certify that all information given on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

We are currently accepting applications by mail, fax, or scanned email attachment and will accept them through **March 15, 2010**. By mail, please send to the attention of **Kim Adams, Old Sturbridge Village, 1 Old Sturbridge Village Rd., Sturbridge, MA 01566**, by fax, please mark for **Kim Adams** and send to **508-347-0249** or email to **kadams@osv.org**.