



Old Sturbridge Village Internship Application

Name: _____

School Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

School Phone _____ Cell Phone _____ Home Phone _____

Sex: Male Female E-Mail Address _____

College or University _____ Current Year _____

Major _____

Type of Internship Applying For _____

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 _____

Recommendation from Teacher in your Major (submit on a separate sheet)

Please indicate the interest, enthusiasm, and ability of the 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: _____ Phone: _____

Other Faculty or Advisor Recommendation (submit on a 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: _____ Phone: _____

How did you hear about this Internship Program?

Professor/Faculty

Friend/Sibling

OSV Website/Email

Previous Intern name: _____

Former Teacher

Other _____

Signature of Applicant

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

Signature: _____ Date: _____

We are currently accepting applications by mail, fax, or scanned email attachment. 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.

For current deadlines, see www.osv.org.