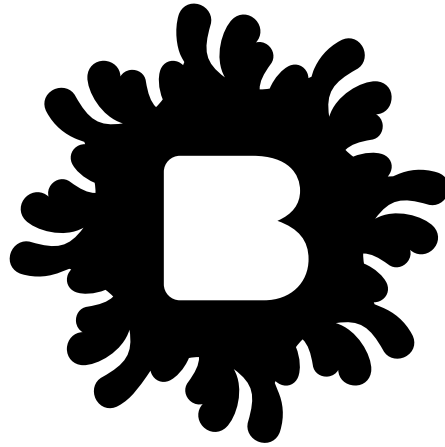


# Application Form for Museum Apprenticeship Program



## **Application due October 2, 2009**

To apply for the Museum Apprenticeship Program, please provide the following:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

- A letter of reference on official letterhead from a teacher, guidance counselor, or community leader
- A 300-word essay telling why you would like to participate in the program. Be sure to include responses to the following open-ended statements:
  - The skills and experiences I have that would benefit the program include...
  - I would like to participate in the program because...
  - In the future I might like to...
- Please confirm that you are able to participate in the program from October 2009 to August 2010, attending the meetings and work days required.

### **Mail, e-mail, fax, or deliver to:**

Teen Programs Coordinator  
Education Division  
Brooklyn Museum  
200 Eastern Parkway  
Brooklyn, NY 11238-6052  
Fax: (718) 501-6129  
E-mail: [teen.programs@brooklynmuseum.org](mailto:teen.programs@brooklynmuseum.org)

### **Brooklyn Museum**

200 Eastern Parkway, Brooklyn, NY 11238-6052  
T(718) 501-6230 F(718) 501-6129  
[www.brooklynmuseum.org](http://www.brooklynmuseum.org)