

Black C Art Gallery Internship Application Form

Please type or print clearly in blue or black ink and answer all questions completely. Include additional sheets if necessary.

First Name	Last Name		Other names used
Current Address		\	Valid through (date)
City	State ZIP Code	C	Country of citizenship
Current telephon	e number		Main E-mail address
Permanent addre	ess		
City		State	ZIP Code
	emester(s) & year you are ap ☐ Spring 20		
Are you applying ☐ Yes	for course credit for this inte	ernship? Indecided	

Internship Project Selection	
1	-
2	
3	
Availability Information	
The following information is necessary for proper internship pla	acement.
I am prepared to work the required number of hours as description.	s indicated in the project
□ Yes □ No	
Anticipated weekly availability (days/hours):	
Education	
List the university or institution at which you are currently enro	lled (if applicable).
University/Institution name Locatio	n
Type of degree, diploma, or certificate sought Anticipated r	month/year of completion
Major area(s) of study Minor area(s) of study Gra	duate or Undergraduate

Continued on next page

Describe any research and for which you have applied	d/or projects undertaken, that are relevant to the internships d:
Skills (continued)	
Describe your computer sl	kills and software knowledge:
List other relevant skills or	
List other relevant skills ar	id languages:
serve as references and h	h whom you have studied with or worked for whom will ave been asked for recommendation forms. These academic references, not personal friends or relatives.
Name	Position
E-mail address	Telephone number
Name	Position
E-mail address	Telephone number

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Criminal History Have you ever been convicted of a crime, pled guilty or no adjudication withheld and/or prosecution deferred, driving und while intoxicated or other traffic convictions? If no, please e give exact dates and details:	der the influence, driving
Please tell us how you learned about this internship opportuni	ty at Black C Art Gallery:
Signature I authorize and release Black C Art Gallery to verify all information of my application, including but not limited to my application are the application and/or résumé submitted are a complete and a work experience, education and background. I further certify the above questions are true and complete to the best of my known acceptance into the intern program is contingent upon the restricted.	nd résumé. I certify that accurate description of my nat the answers to the vledge. I understand that
Signature	Date

Remember to include additional materials as required by your intern project.

Cover letter (letter of intent)
Résumé
Two Recommendation Forms (the last two pages of this document)
Official transcript

Writing or graphic design samples (if required – see internship description)



Internship Letter of Recommendation Form Application Deadlines: Spring – through Dec 15

NOTE TO APPLICANT: Provide this form to your recommender along with any additional information they may request. Fill in your name and check 1 box below to indicate how the form is to be returned.

Recommender, please	return this form	ı to:
☐ The applicant	OR	 □ info@blackcproduction.com Black C Art Gallery 201 SE 2nd Place, Suite 111 Gainesville, FL 32601
Applicant's Name		
Reference Contact In	formation	
First Name	Last Nam	e e
Title	Organizat	tion/Affiliation
Mailing Address	City	State Zip
Telephone	E-mail	
Relationship to Applicant		
Recommendations m following.	ay be letters, s	short answers or bullet-points. Please address the
 ☐ How long and in wh ☐ How is this project s ☐ How would you ass purpose? ☐ How does this cand opportunities in red 	significant to the ess the applicar lidate rank compent years? Top servations you h	e you known the applicant? applicant's educational and/or professional development at's ability including: strengths, talents & seriousness of pared to others you have recommended for similar 2% 10% 15% 25% 50% have about this applicant's ability to successfully
Signature of Recomme	ender	Date



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Recommender, please return The applicant	this form to: OR	: □ info@blackcpro Black C Art Gal 201 SE 2 nd Plac Gainesville, FL	llery ce, Suite 111	
Applicant's Name	_			
Reference Contact Informa	tion			
First Name	Last Name			
Title	Organization	/Affiliation		
Mailing Address	City	State	Zip	
Telephone	E-mail			
Relationship to Applicant				
Recommendations may be following. How long and in what cap How is this project signification. How would you assess the purpose? How does this candidate in opportunities in recent year Please state any reservation complete this internship.	acity have your ant to the ape applicant's rank compare ars?	ou known the applicational policant's educational ability including: street to others you have 15	ant? al and/or professional develor enJungths, talents & serious ve recommended for similar 5%25%50%	opment? sness o
Signature of Recommender		Date		