

# INTERNSHIP APPLICATION



You may mail this application to:

**Shippensburg Historical Society  
Internships  
52 West King Street  
P.O. Box 539  
Shippensburg, Pennsylvania 17257**

or drop it off in person at the Stewart House.

You may also email it to [info@shippensburghistory.org](mailto:info@shippensburghistory.org).

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

Mailing Address: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Internship Total Hours: \_\_\_\_\_ Number of Internship Credits: \_\_\_\_\_

Internship Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Internship Advisor/Phone Number: \_\_\_\_\_

Days Available to Work at SHS:            M    T    W    T    F            Please circle.

Hours Available to Work at SHS: \_\_\_\_\_

Future Goals: \_\_\_\_\_

Interests: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Name of Person and Phone Number to contact in Case of Emergency:

How did you learn about internships at SHS? \_\_\_\_\_

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