THE BIDWELL HOUSE MUSEUM APPLICATION
Returning Young History Scholar Internship

APPLICANT INFORMATION

Full Name:_____
Last First M.I.

Address_____
Street Address

_____
City State Zip Code

Phone_____
Home Cell

Email Address_____ Today's Date:_____

High School/College _____ Current Grade _____

Please describe what you would like to accomplish in your Internship this summer:

_____

What did you particularly enjoy, what would you suggest we improve about our internships (if possible)?

_____

Dates you are you available for an internship:

_____

How will you arrange transportation?

_____

Your Signature_____

Parent/Guardian Name:_____

Work/Cell #_____

Parent/Guardian Signature:_____

Please Mail Application <u>by May 3rd</u> to:
Bidwell House Museum/PO Box 537/Monterey, MA 01245