



Fellowship/Internship Application

Historic New England
141 Cambridge Street
Boston, MA 02114
Telephone (617) 227-3956
Fax (617) 227-9204

Applicant Information

Name:

Current address:

City

State

Zip Code

Phone number:

E-mail address:

Permanent address (if different):

City

State

Zip Code

Are you currently enrolled in a degree program? Yes No

Institution:
Department/Program:

Degree:
Anticipated graduation date:

Other degrees held, institutions, and dates conferred:

Institution:
Department/Program:

Degree:
Year conferred:

Institution:
Department/Program:

Degree:
Year conferred:

Internship Preferences

Geographical preferences or restrictions for internship placement:

Proposed time frame for internship:

Credit or non-credit:

If credit, does your program require a minimum number of hours for internships? Yes No

If yes, how many hours are required?

Number of hours you are able to work each week:

References:

Please list three professionals acquainted with you and your work whom we may contact for references.

1. Name:

Position or Title:

Address:

City

State

Zip code

Telephone number:

E-mail address:

2. Name:

Position or Title:

Address:

City

State

Zip code

Telephone number:

E-mail address:

3. Name:

Position or Title:

Address:

City

State

Zip code

Telephone number:

E-mail address:

