

# **Internship Program Stipend Application**

Name	
Street Address	
City, State ZIP Code	
Phone	
Email Address	
College/University	
Major(s)	
t internship position ar	re you applying for?
	accept the internship position if you are not awarded a stipend?
/ould you be willing to Yes May	accept the internship position if you are not awarded a stipend?

#### **Selection Criteria**

The selection committee encourages applicants from all disciplines to apply. There is a limited number of stipends available. Applications will be reviewed and recipients selected based on the following criteria:

- Comprehensiveness and relevance of essay answers
- Reference letters that support the candidate's achievements and competencies
- Relevance of academic courses and internship interests and goals
- Preference in allocating funds will be given to applicants who have not previously received a stipend through the program

Consent and Release		
I understand that to qualify for a stipend, I must (please check each):		
<ul> <li>Complete and submit an application form and required materials</li> <li>Complete all scheduled internship shifts, attend all cohort sessions and complete required activities</li> <li>Complete all individual and program evaluations</li> </ul>		
Essay		

Please attach a document in which you address the following question in 500-700 words:

Imagine you were developing a program at the History Center that focused on including diverse culture, groups, or communities. Briefly explain what this would look like and why it would benefit MHS. Focus the essay on how you would encourage your community to be engaged and attend the program.

#### **Letter of Recommendation**

Please attach two letters of recommendation. One from a direct superior and another from a professor or academic advisor. The letters should address the following:

- Applicant's capacity (personal characteristics, academic ability, and professionalism) to successfully complete an internship placement
- Describe how participation in an internship will benefit the applicant

### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to receive a stipend, any false statements, omissions, or other misrepresentations made by me on this application may result in a dismissal of my candidacy.

Name (printed)	
Signature	
Date	

## Send all required material by mail, fax, or email to:

Internship Program c/o Leah Juster MN Historical Society 345 Kellogg St. St. Paul MN, 55117

Fax: 651-297-3343

Email: internships@mnhs.org

Questions?

Contact the Internship Program at: internships@mnhs.org