

# MUSIC MAKER



## Relief Foundation

Please fill out the following application if you would like to apply for admission to the Music Maker Internship Program. Please return to MMRF, PO Box 1358, Hillsborough, NC 27278 ATTN: Liz Rhine. You may also fax 888.238.8592 or e-mail [liz@musicmaker.org](mailto:liz@musicmaker.org).

### STUDENT INFORMATION

Name (last, first, middle):

Current Address:

\_\_\_\_\_

Current Telephone:

Permanent Address:

\_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail \_\_\_\_\_

### COLLEGE OR UNIVERSITY

Name:

Address:

\_\_\_\_\_

Major: \_\_\_\_\_ Minors: \_\_\_\_\_

Expected Date of Graduation:

Name of Internship Supervisor (if applicable)

Direct Phone number: \_\_\_\_\_

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

Approximate Dates of Availability for Internship:

\_\_\_\_\_

I am applying for:

Fall semester 20 \_\_\_\_ Spring Semester 20 \_\_\_\_ January Term 20 \_\_\_\_ Summer 20 \_\_\_\_

During my stay at Music Maker, I will be a (circle one)

\_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Recent Graduate

This internship is for credit: Yes \_\_\_ No \_\_\_  
I am receiving funding for this internship: Yes \_\_\_ No \_\_\_

**WORK EXPERIENCE**

List all work experience, beginning with your most recent employer or submit current resume.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_

**SPECIAL SKILLS**

Computer Skills:

Office Skills:

Other:

**HOUSING/FUNDING**

I will provide myself with transportation to and from Music Maker headquarters during my internship. I will secure boarding during my stay. I understand that my Music Maker internship does not offer compensation, and I will find these funds from an outside source.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alt # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alt # \_\_\_\_\_

**SUMMARY**

Why do you want to work with Music Maker? (This can be typewritten and attached).