



MUSEUM OF FLORIDA ART

INTERNSHIP REFERENCE FORM

To be completed by applicant:

Name _____ Date: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
School Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

To be completed by applicant's reference:

The above named individual is applying for an internship with the Museum of Florida Art. Please indicate your independent evaluation of this candidate. Attach additional sheet if needed. **Please return to applicant in a sealed envelope.**

Signature: _____ Date: _____
Name (print): _____ Title: _____
Organization: _____ Phone: _____
Address _____
City: _____ State: _____ Zip: _____
E-mail: _____

Please accept our thanks for the time and effort you have given in assisting us in our selection process.
Your comments will receive full consideration.