

ASHEVILLE ART MUSEUM

2 South Pack Square | 828.253.3227 | ashevilleart.org
PO Box 1717 | Asheville, NC 28802-1717

Internship Program Reference

Applicant Information

Applicant: Please complete this section in black or blue ink before submitting to your reference.

Name _____

Email _____

Phone _____

Internship(s) for which you are applying _____

Application deadline March 1 (summer) July 1 (fall semester/academic year) Nov. 1 (spring semester)

Reference Information

Reference: Please use the back of this sheet or attach a separate sheet if needed. If you prefer to complete and submit this reference form online, please email kmcmillan@ashevilleart.org.

Name _____

Title _____

Organization _____

Email _____

Phone _____

How long, and in what capacity, have you known the applicant? _____

Please check the box below that best corresponds to your assessment of the applicant's abilities in the following areas.

	Poor	Fair	Good	Very good	Excellent	Not sure
Communicates well verbally and in writing						
Is adaptable/flexible						
Demonstrates a positive attitude						
Is dependable and conscientious						
Works well with others and independently						
Is open and personable						

What is your opinion of the applicant's ability to be a successful intern at the Asheville Art Museum? _____

What is your overall evaluation of the applicant?

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature _____

Date _____

Please return this completed reference form in a signed and sealed envelope to the applicant, or send directly to:
Asheville Art Museum | ATTN: K. McMillan | P.O. Box 1717 | Asheville, NC 28802 | kmcmillan@ashevilleart.org