



# Forever Free Internship Application

## Personal Information

Name:

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Address:

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E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Academic Information:

Name of College/University: \_\_\_\_\_

GPA: \_\_\_\_\_

Year in school: \_\_\_\_\_ Major(s): \_\_\_\_\_

## Academic Contact:

Please provide your advisor's contact information:

Advisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please submit this complete application, letter of recommendation and short essay to:**

Gale Brubaker, Executive Director  
West Des Moines Historical Society  
PO Box 65563  
West Des Moines, IA 50265  
515-225-1286  
gbrubaker@wdmhs.org