



**theCLAYSTUDIOofMISSOULA** 1106 Hawthorn Street, Unit A, Missoula, MT 59802

## Internship Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

**Please list the name, phone number and email address for two references:**