

MASS MoCA
Mellon Foundation Confluence Apprenticeship
Two year program with the Performing Arts Department

Applicant Information:

Applicant's Name _____ Permanent Address _____

Temporary/School Address _____

Phone Number _____ Email Address _____

Writing Component:

Please submit with a 1 page response about why you would like to be part of the apprenticeship program at MASS MoCA.

Reference Information:

Please list the contact information for your two references below.

Name _____ Title _____

Relationship to Applicant _____ Email Address _____ Phone Number _____

Name _____ Title _____

Relationship to Applicant _____ Email Address _____ Phone Number _____

GENDER: Male ___ Female ___

(Optional) RACE/ETHNICITY:

___ White ___ American Indian or Alaska Native ___ Black or African American
___ Asian or Pacific Islander ___ Hispanic, Latino, or Spanish Origin ___ Other (specify) _____

How did you hear about us? Select all that apply.

- MASS MoCA Website
- Word of Mouth
- Visit to MASS MoCA
- College/University: _____
- Other Website: _____
- Social Networking Site: _____