



Studio Based Learning Program Application

(Administration of the Program is provided by The New Hampshire Institute of Furniture Making, 143 No. Main St., Concord, NH 03301. All questions and inquiries should be directed to Mary McLaughlin at (603) 229-5907).

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Brief Biography:

Educational Experience:

What are your career goals?

What assets do you bring to the Student Apprenticeship?

What do you expect to gain from the experience?

Are you interested in working with a specific studio or person?

___ (yes) ___ (no) Name: _____

Why do you want to work for this particular studio or person?

Preferred duration of your Student Apprenticeship experience *(please specify):*

When are you available to begin? _____

Are you able to travel to the studio for an interview?

Do you have any previous design experience? ___(yes) ___(no)

(if yes please specify): _____

With what materials are you experienced? *(wood, glass, stone, etc: specify)*

With what tools/machinery are you experienced? (*saw, planer, lathe, etc: specify*)

Number of hours you expect to work with furniture master: _____ Hours per week

Do you have health insurance? ___(yes) ___(no)

(If yes, please attach a photocopy of your policy)

Resume available upon request? ___ (yes) ___ (no)

Portfolio, or some variation, available upon request? ___(yes) ___(no)

References available upon request? ___ (yes) ___ (no)

Are you currently employed in this field? ___ (yes) ___ (no)