

# The Foxfire Museum

**PRESERVING APPALACHIAN CULTURE SINCE 1966**

## **Project Foxfire** Summer Program Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (must be a permanent Rabun County resident to apply): \_\_\_\_\_

Age (must be between ages 14 and 18): \_\_\_\_\_

Education (list school or indicate if homeschooled): \_\_\_\_\_

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

The Project Foxfire Program requires a minimum of 24 hours of paid work per week, from June 15<sup>th</sup> to July 24<sup>th</sup>. The program runs Monday through Thursday, 9 am to 3:30 pm, with a half hour unpaid lunch break. Please list any anticipated conflicts and reasons below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Job Experience:**

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

### **References (please list at least 2 references who are not family members):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

P.O. Box 541, Mountain City, GA 30562-0541

PH: 706.746.5828 | [www.foxfire.org](http://www.foxfire.org) | [walker.boswell@foxfire.org](mailto:walker.boswell@foxfire.org)

Hobbies and Interests:

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**Reflection:**

Please respond to the following question:

Describe a person in your life that you admire. What's a special memory you share with that individual?

Please return completed application with attached essay to [walker.boswell@foxfire.org](mailto:walker.boswell@foxfire.org) with the subject "Project Foxfire Application".