

**John Feight Hospital Art Internship & Award  
2019 Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

List College and/or High School attended/ing and graduation year:

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List Volunteer Activities (non-FFHA):

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List Volunteer Experience with the FFHA, if any:

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List Previous Work Experience and/or Significant Accomplishments:

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Explain why you are applying for the internship:

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What past experience will enable you to make a difference as an intern and why:

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Mail to: Foundation for Hospital Art, 131 Village Centre West, Woodstock, GA 30188  
Applications due NLT 5:00PM EST, Monday, March 25, 2019