



# APPLICATION FOR INTERNSHIP

All qualified applicants (students) will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background.

Date:		
Name:		Social Security #:
Street Address:		
City:	State:	Zip
Referred by:		
College/ University currently attending:		
Credits this semester:		Credits completed:
Major:	Expected date of Graduation:	
Other Activities:		
Name of Professor & Class Internship is for:		

### Schedule of availability:

*\* Must be available a minimum of 3 days per week \**

☐ SUN. \_\_\_\_\_ to \_\_\_\_\_

☐ MON. \_\_\_\_\_ to \_\_\_\_\_

☐ TUES. \_\_\_\_\_ to \_\_\_\_\_

☐ WEDS. \_\_\_\_\_ to \_\_\_\_\_

☐ THU. \_\_\_\_\_ to \_\_\_\_\_

☐ FRI. \_\_\_\_\_ to \_\_\_\_\_

☐ SAT. \_\_\_\_\_ to \_\_\_\_\_

Previous Colleges Attended:	Credits/Degree:
What do you expect to gain from the internship program?	
What are your goals?	
Have you had an internship before? If so, where?	
What were your principal duties as an intern?	

Please note: Qualified applicants must be college juniors and seniors

