



## Internship Application

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

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

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

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

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

Major/Minor: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Year in School: \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR

Availability (please list days and hours):

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

Date Available to Begin if Selected: \_\_\_\_\_

Please provide the following information for your College/University Internship Supervisor:

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

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

I CERTIFY that the information I have given herein is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_