Internship Application Form

PLEASE PRINT OR TYPE!

Student: _____

Mailing Address _____

City: _____ **State:** _____ **Zip:** _____

Phone # (cell or home): _____

E-mail: _____

Type of internship: Duration (e.g. summer, fall, full time or part time, number of weeks):_____

Aspect of industry interested in: _____

Location looking to do internship: (e.g. state) _____

If known, scheduled availability: (days or times)_____

Are you applying for internship to fulfill college/high school requirement? Yes ___ or No_____

If yes, what is your GPA? (Qualification 2.75(C) or higher)_____

Describe below in 200- 300 words, why you would like this opportunity?

_____

_____

_____

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_____

_____

Signature:_____**Date:**_____

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