



INTERNSHIP APPLICATION

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

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Local Address: \_\_\_\_\_  
Street, City, State, Zip Code

Permanent Address: \_\_\_\_\_  
Street, City, State, Zip Code

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

**IN CASE OF EMERGENCY, CONTACT:**

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Semester Applying for:**

Fall       Spring       Summer

Date Internship begins: \_\_\_\_\_

Date Internship ends: \_\_\_\_\_

Major: \_\_\_\_\_

**Shifts Available:**

DAY	AM	PM
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Describe your career goals and why you feel this internship will help you reach those goals.

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Be specific about the experiences you want to gain through this internship and why you feel this internship can provide such an experience.

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Applicant's Signature: \_\_\_\_\_

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