



INTERNSHIP APPLICATION

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

University or College _____

Major Field of Study _____ Overall GPA _____

Minor Field of Study _____ Major GPA _____

Graduation Date _____

Available Dates of Internship ____/____/____ to ____/____/____

University Internship Supervisor

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

How did you hear of the internship program? _____

The following information MUST be provided to complete the application procedure:

_____ Cover Letter

_____ A Letter of Recommendation

_____ Resume

_____ Copy of CPR/First Aid Certifications

Signature of Applicant

Date

Signature of University Supervisor

Date