

**Internship Application**

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

**Personal Information**

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Are you 18 years of age or older? Y \_\_\_\_\_

N \_\_\_\_\_

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

Neighborhood: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Neighborhood: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Please list the timeframe that you are available throughout the week:

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_

## **Academic Information**

Undergraduate

Graduate

Not a Student

Name of School: \_\_\_\_\_

Year of Expected Graduation: \_\_\_\_\_

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

## **Emergency Information**

IN THE EVENT OF AN EMERGENCY, PLEASE PROVIDE THE CONTACT INFORMATION OF THE PERSON YOU WOULD LIKE THIS OFFICE TO NOTIFY.

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

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

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

## **Certification**

I CERTIFY THAT ALL OF THE STATEMENTS CONTAINED IN MY APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS WILL RESULT IN THE REJECTION OF MY APPLICATION OR MY DISMISSAL FROM THE PROGRAM.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE