



INTERNSHIP PROGRAM APPLICATION

PERSONAL INFORMATION		
Last Name:	First:	M.I.:
Email Address:		Home Phone: ()
Permanent Street Address:		Cell Phone: ()
City:	State:	Zip Code:
Birthdate: / /	Social Security Number:	Would You Agree to a Background Check? _____ Yes _____ No
SCHOOL INFORMATION		
Name of School Attending:		Expected Graduation Date:
School Street Address:		School Phone: ()
City:	State:	Zip Code:
Degree Acquiring:	No. of Credits Already Earned:	Dates Desired for Internship:
Area of Interest or Focus (e.g. special populations, recreation, testing, wellness programs):		
Please list four (4) Science classes that you have completed:		
Course Name:	/	Credit Hour:
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
(continued on page two)		

