

**INTERNSHIP PROGRAM APPLICATION**

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| **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)** | | | | | | | | | | | | |
| **INTERNSHIP INFORMATION** | | | | | | | | | | | | | |
| **Number of hours/week required for internship:** | | | | **Number of weeks required:** | | | | **Total Internship Hours** | | | | | |
| **Internship Supervisor Name:** | | | **Internship Supervisor Contact Information:** | | | | | | | | | | |
| **Is This Internship a Requirement or Elective?** | | | | **Are There Any Issues or Restrictions in Your Schedule That Need To Be Considered?** | | | | | | | | | |
| **HOUSING INFORMATION** | | | | | | | | | | | | | |
| **Do You Have Housing or Would You Commute?**  **\_\_\_\_ Have Housing Nearby**  **\_\_\_\_ Commute (if necessary)** | | | | **Address During Internship:** | | | | | | | **Do You Have**  **Transportation? \_\_\_\_\_\_ Yes**  **\_\_\_\_\_\_ No** | | |
| **LOCATION PREFERENCE** | | | | | | | | | | | | | |
| ◻ **Baltimore, MD Area** ◻**Denver, CO Area** ◻**Los Angeles, CA** ◻**Birmingham, AL** ◻ **No Preference** | | | | | | | | | | | | | |
| **FUTURE PLANS** | | | | | | | | | | | | | |
| **Are You Planning On Continuing to Graduate School?** | | | | | | **If Yes, in what discipline?** N/A | | | | | | | |
| **Briefly describe your rationale for pursuing an internship and what you would like to accomplish:** | | | | | | | | | | | | | |

**Please return application along with a resume hr@contactelevation.com**