



Internship Application Form

Personal Information

Full Name: _____

Phone Number: _____ Email Address: _____

Address: _____

Academic Information

Current Institution: _____

Major: _____ Year of Study: _____

Expected Graduation Date: _____

Relevant Courses or Skills: _____

Internship Details

Position Applied For: _____

Preferred Internship Duration (Start and End Date): _____ - _____

Preferred Department (if applicable): _____

Availability

Hours Available Per Week: _____

Available Start Date: _____

Experience and Skills

Previous Internships/Past Work Experience (if applicable):

Skills and Competencies:

References (Optional):

- Name: _____
- Relationship: _____
- Contact Information: _____

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- Relationship: _____
- Contact Information: _____

Personal Statement

Why are you interested in applying for this internship? What skills or experiences do you hope to gain?

Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I understand that any false information may disqualify my application.

Applicant's Signature: _____

Date: _____

Please submit this completed form along with your resume and any additional required documents to info@glensheen.org.