



**Student Application for Internship**

**Please submit this application along with your resume and one-page writing sample.**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First M.I.

Current Address \_\_\_\_\_  
Street Apt# City ST Zip

Current Phone #(s) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Special Needs (i.e., wheelchair accessibility):  
\_\_\_\_\_

College/University \_\_\_\_\_ Major \_\_\_\_\_

Program Start Date \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Name and Title of Academic Advisor  
\_\_\_\_\_

Department \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/Bldg City ST Zip

Will you receive credit for this internship? Y N

Intern position you are applying for: \_\_\_\_\_

Internship Semester/Year: Spring/\_\_\_\_\_ Summer/\_\_\_\_\_ Fall/\_\_\_\_\_

Available days and times:  
\_\_\_\_\_

**References: Please list two.**

Name \_\_\_\_\_  
Title/Business \_\_\_\_\_  
Relationship/Years \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Title/Business \_\_\_\_\_  
Relationship/Years \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

**Office Use Only:**

Interview (Date, Time)/Comments:

Accepted: Y N

**Please complete the following questionnaire:**

1) Please tell us what courses you have already completed toward your degree.

2) What courses will you be taking during your internship at the Broward Center?

3) Do you have the ability to work from home with access to the following equipment: (check all that apply)

Phone\_\_\_\_ Fax\_\_\_\_ Computer\_\_\_\_ E-mail\_\_\_\_ Internet\_\_\_\_ Transportation\_\_\_\_

4) Why are you interested in an Internship at the Broward Center and how will it help you to achieve your career goals?