Blessings in a Backpack
Feeding The Future Of America®

Internship: Student Application

Contact Information:

Name _____

Email _____

Phone Number _____

Home Address _____

City _____ State _____ Zip_____

School Address _____

City _____ State _____ Zip _____

Education:

Academic School or College: _____

Major: _____ **Minor:** _____

Year in School: _____

Grade Point Average: _____

Expected Graduation Date: _____

Skills: (list computer, technical, industry, foreign language, or other job-related skills you possess)

_____
_____

Other:
Interests and Career Goals:

_____

_____

_____

When are you available to start an internship/work-study?

_____

Approximate number of hours per week available for internship: _____

Are you wishing to obtain college credit?
____Yes   ____No

If you are wishing to obtain college credit, what are your requirements and expectations to complete this internship (i.e. number of hours needed)?

_____
_____
_____

Applicant Signature:_____ **Date:**_____