

Internship Application



Date:

Name:

Address:

State:

Zip/Postal Code:

Phone:

E-mail:

Old Bedford Village
220 Sawblade Road
Bedford, PA 15522

Phone: 814-623-1156
or 1-800-238-4347
Fax: 814-623-1158

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed
High School		
College Bus. or Trade School		
Professional School		
Other		

Major:

Current GPA:

Hours Available for Internship:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	Closed
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

When available to begin ?

Will you also be employed elsewhere? Yes No

List the major learning objectives you plan to obtain from this field experience. Please number and describe separately. Be specific to the skills, knowledge, attitude, etc. you hope to develop or improve from this experience either directly or indirectly. Also describe how you hope to achieve the above objectives.

List any Internship obligations that are required for your college.
i.e. Hours or Projects

Please list 2 references

Name		
Position		
Company		
Telephone		