

Application for Summer Internship Program

Please complete all information and signature. Missing information may result in the denial of application.

Name	Last First MI	Gender (M/F/Other)
Address		
School Information	Current Grade in High School <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	Name of High School
Phone No.		
Email		

1. English Fluency

Not Comfortable Comfortable Very Comfortable

2. Computer Skills (Check all that apply.)

MS Word MS Excel MS PowerPoint/Presentation
 Creating web pages Research using internet

3. Typing speed: _____ words/minutes

4. Language spoken other than English (Check all that applies.)

Korean Chinese Spanish Other: _____

5. Do you have a driver's license?

Yes

No

Yes

6. Do you have a car you can drive anytime?

No

7. Amount of time you prefer to spend on an internship (Check all that applies.)

Monday ____ hrs.

Tuesday ____ hrs.

Wednesday ____

hrs.

Thursday ____ hrs.

Friday ____ hrs.

Saturday ____ hrs.

8. Preferred internship start date: _____

Signature

Date