



Student Internship Application

Return a completed application and resume to bsmith@clarehouse.org.

Student Contact Information	Academic Progress
Name: _____	School: _____
Address: _____ _____	Major: _____
Phone: _____	Minor: _____
Email: _____	Cumulative GPA: _____
	Graduation date: _____

Total hours needed: _____ Preceptor Discipline(s) Required: _____

Semester applying for: Spring Summer Fall

Availability: _____

Requested starting date: _____

Beyond graduation, what type of work and what content areas are you interested in working?

What are the goals of your internship and why are you applying to Clarehouse?

Please list two professional references:

Name & Title: _____ Company: _____

Phone: _____ Email: _____

Name & Title: _____ Company: _____

Phone: _____ Email: _____