



**B-AWARE FOUNDATION INTERN APPLICATION**

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

College/University

\_\_\_\_\_

Major/Course of Study

Department head for course credit verification

\_\_\_\_\_

Phone

When would you like to start your internship?

\_\_\_\_\_

Please use the following space to tell us about your prior work and related experience. (If you attach a resume, you may omit this section.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the following space to tell us about your goals for an internship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have carefully read each of the above conditions and fully understand all conditions and I agree to be bound by them. I am aware that this is a release of liability and sign it of my own free will. I further certify that I am over 18 years of age.**

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

