

Summer 2023 INTERNSHIP APPLICATION

PERSONAL I	NFORMATIC)N					
Name:				Email:			
Current or most	recent Univers	ity:					
University City, State			Degree & Major				
Expected Gradu	ation Date Min	or (if applicable)					
Current address	: Street						
City	State		Zip Code				
Phone number:							
INTERNSHII	P INFORMAT	ION					
Please check on	e area of interes	st:					
Education	Development	Communicati	ions Cura	ntorial 🗌			
I am interested i	n receiving coll	ege credit for my	internship:	yes 🗌	no 🗌		
Interns are requ	ired to work six	to eight weeks, 2	0 hours per we	ek. Please list th	ne times you will be	e available each day of	the
week:							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
I do not know n	ny availability ye	et 🗌					
I prefer to work	as an intern fro	om (dates)	until				
How did you fir	nd out about thi	s internshin?					



Please attach the following to the application:

- Cover letter
- Resume
- Two letters of recommendation:
 - O At least one from a college professor, if credit is needed.
 - o Include Phone, email, relationship, and years acquainted.

I certify that the information contained on this form and in my application is true and complete to the best of my knowledge.

Signature Date

Please send Application to: To: Margarita Sandino msandino@dixon.org 4339 Park Avenue Memphis TN 38117

Thank you!