



INTERNSHIP APPLICATION

Mail, Fax, or Email application, resume and cover letter to:
info@discovernac.org | Fax: 435-658-3992

GENERAL INFORMATION

TODAY'S DATE ____ / ____ / ____ DATE OF BIRTH ____ / ____ / ____ AGE ____

FIRSTNAME _____ LAST NAME _____ MI _____

MAILINGADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONENUMBER _____ EMAIL _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____ RELATIONSHIP _____

DO YOU HAVE ANY MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS? YES NO
IF YES, PLEASE EXPLAIN _____

UNIVERSITY INFORMATION

UNIVERSITY: _____ MAJOR & EMPHASIS: _____ GPA: _____

ADVISOR: _____ ADVISOR PHONE: _____

What internship are you applying for? _____

Time frame of internship desired: _____

Hours required for completion: _____ Anticipated date of graduation: _____

Explain any requirements and your expectations of the internship:

- Please attach your resume and cover letter -