INTERNSHIP APPLICATION

Your Contact Information	
First Name	Last Name
Address	
E-mail Address	Phone
For what internship position are you applying?	
What college/university are you attending?	
What is your major?	
What is your expected date of graduation?	What is your GPA?
In what languages are you proficient?	
List software programs with which you have profi	ciency.

Marketing Graphic design Social media Other	Architecture Website design Drawing/sketching	Journalism Small business Photography	
What interests you most	about this internship, and	what would you like to gain from it?	
Are you seeking curriculu	m or special credit for this	internship? If yes, please explain:	
Please list the months/da known days/times you wi		nmit to this internship, and if you have ar	ıy
Are you able to arrange y	our own transportation to/	from downtown Hazleton?	
Do you reside locally or w	vill you be looking for hous	sing?	
Please list any other infor	mation you feel may help	us understand your interest in this intern	ıship.
Primary Academic A	dvisor/Teacher		
First Name	L	ast Name	
E-mail Address	F	Phone	

Please check each of the following areas in which you have interest and/or experience.

First Name Last Name E-mail Address Phone

Submit

Reference

Click the Submit key and your form will be submitted electronically.

Or you may print your completed form as a PDF file and send it as an attachment via email to: kschneider@downtownhazleton.org.

Or you may submit a printed copy via mail to: Downtown Hazleton Alliance for Progress Krista Schneider, Executive Director 20 W. Broad Street Hazleton, PA 18201

If you have difficulty submitting this form, contact Ms. Schneider at 570-455-1509.

Thank You!