



Internship Program Application



**Phoenix Chapter
National Alliance of African American Athletes
500 S. Mill Ave. Suite #919
Tempe, 85280**

National Alliance of African American Athletes

Internship Program Application



APPLICANT INFORMATION:

(PLEASE PRINT LEGIBLY)

First Name: _____ Middle Name: _____

Last Name: _____

Email Address: _____

Primary phone number: _____ (Home/Cell/Work)

Secondary phone number: _____ (Home/Cell/Work)

PARENT/LEGAL GUARDIAN INFORMATION:

First Name: _____ Last Name: _____

Email Address: _____

Primary phone Number: _____ (Home/Cell/Work)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ (Home/Cell/Work)

Permanent Address:

Street address #1: _____

Street address #2: _____

City: _____ State: _____ Zip Code/Postal Code: _____

MEDICAL INFORMATION

Do you have any medical disabilities or special needs? Yes No

If yes, please explain: _____

ACADEMIC INFORMATION

What is the name of your high school?

School Name: _____ City: _____ State: _____

If you are a graduating senior and have already been accepted into a college or university, please indicate the university and your intended field of study/major: _____.

ESSAY QUESTIONS

Please respond to the following questions on a separate sheet of paper. All essays must be typed.

1. Why would you like to receive an NAAAA internship?
2. Which academic area most interests you and why? (500 words or less)

RECOMMENDATIONS

Two letters of recommendation are required for your application. Applicants should select recommenders who can speak to their academic ability, work ethic, and overall interest. Letters of recommendation should be collected by the applicant and emailed to the person identified below.

Recommender #1:

- Name: _____
- Title: _____
- Telephone Number: _____
- Email Address: _____
- Relationship to Applicant (i.e. teacher, employer, mentor, etc.): _____

Recommender #2:

- Name: _____
- Title: _____
- Telephone Number: _____
- Email Address: _____
- Relationship to Recommender #1 (i.e. teacher, employer, mentor, etc.): _____

ADDITIONAL INFORMATION

Have you participated previously in any community service projects or programs? (Check all that apply)

____ Yes

____ No

If yes, please describe the activity and tell what that experience meant to you.

SUBMITTING YOUR APPLICATION

The following items are required for a complete application:

- ✓ Signed Parent/Legal Guardian Permissions Form
- ✓ Recommendation Letters (2)
- ✓ Essay Responses (2)
- ✓ Report card, unofficial transcript, or official transcript
(if your social security number is visible on the form, you must blacken it out before sending).
- ✓ Current Resume (Optional)

PARENTAL CONSENT:

You must have permission from your parent or legal guardian to apply to this program. Your parent or legal guardian must also be informed and consent that you may be asked to voluntarily participate in evaluation assessments during the course of this program. Please have your parent or legal guardian review this application and sign below if you are 17 or younger at the time of application.

Parent/Legal Guardian Signature

Printed Parent/Legal Guardian Name

Please submit your application by email to NAAAA Internship Committee:

info@phxchapter.org