

Applicant Information

Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
How did you hear about the NYPCMA internship program?		

Availability

Please check semesters of availability:

Fall Spring Summer Other, please explain: _____

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held _____

Are you currently a full-time student? Yes No If yes, please indicate school and concentration:

Level: Freshmen Sophomore Junior Senior Graduate student Areas of study:

Do you speak any other languages? Yes No If yes, please list language
 Fluent Semi-Fluent Basic

Computer Skills/Software Used: _____

Personal Information

Why are you interested in an internship?

What specific experience would you like to gain through this internship?

Describe your long-term career goals: