



# Universal Internship Program Application

## Student Application

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### Applicant Information

Last Name

First Name

Age

Street Address

Apartment/Unit #

City

State

Zip Code

School

Grade Level

E-mail Address

Phone

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Which position are you applying for?

Do you have reliable transportation?

Yes

No

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**Why would you be a good candidate for this internship? (2,500 characters or less)**

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Reference

First Name

Last Name

E-mail Address

Phone

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Emergency Contact

First Name

Last Name

Phone

Relationship

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Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

If this application leads to placement, I understand that false or misleading information in my application or interview may result in my release.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_