

## **Education and Career Services**

Stockbridge-Munsee Community
P. O. Box 70
W12635 County Rd A
Bowler, Wisconsin 54416

Phone: 715-793-4353 Fax: 715-253-2436





COLLEGE INTERNSHIP APPLICATION								
Internship Year:								
First Name	Last Name							
Application	n Checklist Review							
☐ Completed and Signed Applicat	tion Form/ Tribal Enrollment							
	s/ Recent Grade Report / Copy upcoming class schedule							
	ent/ Double spaced, size 12 font Times New Roman;							
□ Resume								
	mer program. (\$20/hour for the year 2020)							
STATEMENT OF PURPOSE	program (020) non in your 2020,							
working as members of a team, and possibly specializ become familiar with the real world of work, learn about businesses, and they make contact and network with p	b market after graduation. They have a wonderful k they like or don't like. They gain skills in writing, speaking red skills in technical fields. More important, student interns out government agencies, non-profit organizations and potential employers and professionals in their fields. Some g college is the smartest step a student can take toward a first							
	rolled full-time in an accredited/ certified institution are							
eligible to apply for an internship placement.	oned fair time in an accreaited, certified institution are							
• Applicants must have a minimum	<b>GPA of 2.0</b> ;							
	s after completing at least 12 credits;							
SUBMITTING YOUR APPLICAITON								
This application form along with all the required docu								
includes the following:	nsidered a complete application. A completed application							
<u> </u>	personal contact information and questions answered;							
Recent resume including school	<u>-</u>							
	ent about your major and what your career goals or plans are							
for your future in that field;								
- · · · · · · · · · · · · · · · · · · ·	e spaced, size 12 font Times New Roman;							
Grade Report including the mos	•							
☐ Proof of Stockbridge-Munsee E								
☐ Copy of upcoming class schedu ☐ College/ University Transcripts								
LI CONCEO CHIVESIIV HANSCHINS	•							

Applications missing any of the above materials WILL NOT be considered for an internship placement if the deadline has passed.

COLLEGE INTERNSHIP APPLICATION													
1. STUDENT INFORMATION													
First Name	MI	Last Name					DOB			Stude	Student ID#		
Street Address		City State					Zin (	Zip Code Primary Pho					
Street Address		City				State	Zip	Zip code   Timaly Thone					
2. EMERGENCY CONTACT In case of emergency, notify:													
Name:	Rela	elationship: Primary Phone:							W	Vork Phone:			
Address		City:						State:	e: Zip Code				
3. ACADEMIC INFORMATION													
College/ University Attending:		College/ University Address:						City:		State:	Zip	:	
College/ University Phone #:		Declared Major/ Minor					Expect	Expected Graduation Date:					
Please indicate what grade level you will be in for the upcoming semester:													
Freshman													
4. EMPLOYMENT/ HISTORY (please include past and present employment. Attach additional pages if necessary)  Employer/Company Name Phone Number Address													
Job Title								Reason for Leaving					
List duties and responsibilities		Start Date End Date						reason for Leaving					
List duties and responsibilities													
							1						
Employer/Company Name		Phone Number					Add	Address					
Job Title		Start Date End Date					Reason for Leaving						
List duties and responsibilities													
							1						
Employer/Company Name		Phone Number					Address						
Job Title		Start Date End I				Date Reason for Leaving							
List duties and responsibilities													
I certify that the information on this form is true and correct. I authorize the Education and Career Services Department to process my application, including supporting documents and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education and Career Services Program's Handbook in relation to services provide based on my application and understand that I may have appeal rights under that Handbook.													
Customer Signature			Date Career Services Specialist Signature									Date	