

Application Form for Internship Award

Name: _____ Date: _____

Phone Number: _____ Email: _____

List the Women’s Studies Courses you have taken:

Major: _____

Minor: _____

Expected Graduation Date: _____

Name of the faculty member who has agreed to submit a letter of recommendation on your behalf: _____

What kind of field placement would you prefer (Legal issues; medical issues; public policy; domestic violence; sexual assault; children; reproductive rights, etc.)?

What are your career goals?

Are there specific skills you would like to develop?

Do you have any special talents or experience? (work experiences, foreign languages, hobbies etc.)?

Please provide on a separate sheet a brief description (1page maximum) of how the internship experience will impact your academic and personal development.