



InSpire

Magazine

Intern Application

Name: _____
 Date _____
 Date of Birth: _____ Phone: _____
 Cell: _____ Home _____
 Permanent Address: _____
 City: _____ State: _____
 Local Address _____
 City: _____ State: _____ Zip _____

Please check area of interest you would like to fulfill

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITER			OTHER
GRAPHIC DESIGNER		PHOTOGRAPHER	

Please state the goals you have for this internship - please use additional sheets of paper if necessary.

PROVIDE:

resume,
clips,
portfolio,
references,
etc.

Please list/ check the time you are available for internship.

- Spring (Jan. 1 - May 30)
 Summer (June 1 - Aug. 30)
 Fall (Sept. 1 - Dec. 15)

Are you seeking curriculum credit for this internship? yes ___ no ___

If so, have you informed your advisor? yes ___ no ___

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