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## INTERNSHIP APPLICATION

### **Contact Information:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Other)

Email: \_\_\_\_\_

### **Education Information:**

University/College: \_\_\_\_\_ Attending: F/T P/T

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Relevant Courses: \_\_\_\_\_

\_\_\_\_\_

### **Skills:**

Languages: \_\_\_\_\_

Other: \_\_\_\_\_

### **Interests:** (general)

Hobbies: \_\_\_\_\_

### **Interested Internship Area:** (WORC Depts)

Family Savings Account (FSA) Program \_\_\_\_\_ Financial Education \_\_\_\_\_

Microfinance (EOF) \_\_\_\_\_ Microenterprise Training Program \_\_\_\_\_

Refugee/Immigrant Training \_\_\_\_\_ Administrative \_\_\_\_\_ Accounting \_\_\_\_\_

**Internship Hours:**

How many hours per week are you available? \_\_\_\_\_ hrs

When are you able to start? \_\_\_\_\_

For how long are you available? (how many months) \_\_\_\_\_

**References:**

Please provide one personal, business, and educational reference.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ (home/work) \_\_\_\_\_ (other)

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ (home/work) \_\_\_\_\_ (other)

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ (home/work) \_\_\_\_\_ (other)

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**Resume:** Please Attach to Internship Application Form.

**Fax or Mail Internship Application with Resume to WORC Office:**

2010 Chestnut Street, Philadelphia, PA 19103

Telephone: (215) 564-5500  Facsimile: (215) 564-0933

Website: [www.worc-pa.com](http://www.worc-pa.com)

**For Questions Please Contact WORC, #215-564-5500:**

Barbara Ann Garden-Hire Mills

Email: [bgardenhiremills@worc-pa.com](mailto:bgardenhiremills@worc-pa.com)