

**ALSTON WILKES SOCIETY INTERN APPLICATION**

Please attach a copy of your picture ID to this packet.

**Name:** \_\_\_\_\_ **Phone:(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

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

**Email address** \_\_\_\_\_

**Name of College/University:** \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**University/College Contact Person and Phone:**  
\_\_\_\_\_

**Internship Start Date:** \_\_\_\_\_ **Internship End Date:** \_\_\_\_\_

**Tell us why you want to intern at the Alston Wilkes Society:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your availability? (List days and hours)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intern Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_